

## DOCTORAL THESIS

### **‘Emerging Severe Personality Disorder’ in Childhood: The reification and rhetorical functions of a proposed developmental disorder**

Clark, Dawn

*Award date:*  
2014

*Awarding institution:*  
University of Roehampton

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**‘Emerging Severe Personality Disorder’ in Childhood: The  
reification and rhetorical functions of a proposed  
developmental disorder**

**Dawn Clark**

**A thesis submitted in partial fulfilment of the degree of  
doctor of psychology PsychD**

**Department of Psychology**

**University of Roehampton**

**2013**

## ACKNOWLEDGEMENTS

I would like to thank Dr. Jose Romero-Urcelay and the personality disorder directorate at Broadmoor Hospital for providing insight to the DSPD programme. I would also like to thank all the participants who took part in this research and say a special thank you to those secure children's units and offending institutions who provided me considerable access. Most importantly though I would like to thank all the children and adolescents in those units and institutions who spent time with me and let me into their closed worlds. The majority of you, whether section 59 offenders or otherwise were welfare cases. Some of you were children who had committed grave or sexual crimes, violent knife or gun crime while a few of you had rioted and stolen trainers you could never afford. My time spent with you on education blocks, visiting your rooms and during case conferences was integral to my motivation to finish this piece.

In addition, I would like to acknowledge the professional insights I have been so privileged to gain in the clinic by way of my young clients who are so often failed but never fail to amaze and the adult prisoners and so-called 'addicts' I have worked with and researched who I like to remember were all children once. You taught me what critical psychology *should* be.

This thesis is dedicated to Louisa Elizabeth Drake (13.5.1912 - 3.2.1992).

Life has never been the same without you.

## **ABSTRACT**

### **‘Emerging Severe Personality Disorder in Childhood’: The reification and rhetorical functions of a proposed developmental disorder**

This research employed Discursive Psychology and some Foucaudian concepts to explore discourses concerning proposals for ‘Emerging Severe Personality Disorder’ (ESPD) to interrogate potential ‘effects in the real’ for patients, clinicians and approaches to psychological interventions. The constructivist review of literature explores reification processes in propositions for ESPD in a brief reconsideration of historical ‘personality disorder’ discourses with a particular focus towards UK policy. This traces ESPD’s inextricable links to revival of the ‘psychopathy’ construct via invention of the ‘psychopathy checklist’, policy-makers ‘Dangerous and Severe Personality Disorder’ (DSPD) terminology and the ‘interventionist imperatives’ in youth justice driven by the Crime and Disorder Act (1998).

Fourteen interviews highlighted rhetorical strategies by which practitioners worked up their epistemological entitlements to use ESPD appropriately by undermining entitlements of others. Some demonstrated autonomy by refusing to use the term ESPD at all. Other practitioners positioned those ‘outside mental health’ as potentially misusing ESPD while erroneously reifying it themselves as a formal ‘diagnosis’ or something that children ‘are’. Associated repertoires concerned iatrogenic or exclusionary ‘effects in the

real' linked to frustration at being 'forced' by the government to work with the 'untreatable'. Ideological dilemmas arose throughout, most notably where practitioners who were concerned the label ESPD could exclude children from treatment discursively excluded 'high-risk' older children with beliefs 'early intervention' only. This saw children subject positioned similarly to their historically assumed 'untreatable' adult counterparts with 'personality disorder' diagnoses rather than being 'at risk of'. A final ideological dilemma arose for practitioners as many believed in 'early intervention' but conceded that risk prediction in psychiatry was unreliable and could lead to over use of ESPD, with potentially damaging outcomes.

The review and analysis are discussed in terms of bringing about a new version of ESPD's reification with emphasis on encouraging further discussion concerning potential objectification of future ESPD category recipients, assumed 'prognosis', advances towards clinical intervention and issues regarding possible further exclusion from services or residential care. It is argued studies with a discursive focus can investigate labelling concerns in ways which positivist methodologies in the medico-legal approach fail to and that this embraces counselling psychology's historical aims towards 'social justice' in its (assumed) critical approach to psychopathology which, (if it has one at all) is consistently tested in this current political climate of 'evidence-based practice'.

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## **LIST OF ABBREVIATIONS**

PD	Personality Disorder
SPD	Severe Personality Disorder
ASPD	Antisocial Personality Disorder
APD	Antisocial Personality Disorder
CD	Conduct Disorder
ODD	Oppositional Defiant Disorder
ADHD	Attention Deficit Hyperactivity Disorder
CU	Callous-Unemotional
ESPD	Emerging Severe Personality Disorder
DSPD	Dangerous and Severe Personality Disorder
HMPS	Her Majesty's Prison Service
NHS	National Health Service
DSM	Diagnostic Statistical Manual
DSM-IV-TR	Diagnostic Statistical Manual of Mental Disorders Fourth Edition Text Revision
PCL-R	Psychopathy Checklist Revised
PCL-R-YV	Psychopathy Checklist Revised Youth Version
DA	Discourse Analysis
DP	Discursive Psychology
FDA	Foucauldian Discourse Analysis
CDP	Critical Discursive Psychology

## **PREFACE**

### **Situating the Research and Author Context**

*‘Action must be taken quickly to nip youth offending in the bud’*

The Crime and Disorder Act (Home Office, 1998:1)

*‘It was agreed that there was a need for appropriate and non-stigmatising language.....at the same time a balance must be struck between labelling a child or family and the need to nip emerging problems in the bud for a very small number of potentially dangerous and expensive young offenders’*

Early Intervention in Personality Disorder Conference

(Vizard et al., 2009:12)

*“However, their youth and developmental immaturity also give an opportunity to nip problem symptoms and behaviours in the bud. The key is in the earliest possible intervention’*

Vizard (2013:1)

Michel Foucault (1977) advocated the utilisation of historical investigations for diagnosing the present. So, by following Nietzsche’s (1974 [1882]) assertion that ‘truth is undoubtedly the sort of error that cannot be refuted because it was hardened into an unalterable form in the long baking process of history’ (p. 264) this research takes the position that Emerging Severe Personality Disorder (ESPD) is a ‘situated knowledge’ (Harraway, 1991). That is to say, ESPD’s ‘existence’ as a category by which we may come to

know ‘problem’ children (Butler, 1999) is assumed contingent on the socio-political/historical contexts which produced it. Thus, this study is not concerned with evidence for the ‘truth’ of ESPD’s origins or aetiology in a positivist scientific sense as truth and method are at odds with each other (Gadamer, 1967). The foundation of this study is in the ‘details and accidents that accompany every beginning’ (Foucault in Bouchard, 1977:144) and the ‘discursive history which makes [a] particular conversation possible’ (Wetherell, 1998:403).

ESPD could not exist out of the confines of the English and Welsh legal system as it would make little discursive ‘sense’. ESPD was reliant on a particular UK political climate and there were several ‘ingredients’ required for the ‘baking process’ of its ‘truth’ (see appendix i). The James Bulger murder (see appendix ii) was pivotal to the New Labour government ideology leading to unprecedented legislative changes in youth crime policy in an era ‘evidence based practice’ and ‘early intervention’ (Pitts 2001a; 2001b). Wording from the Crime and Disorder Act (1998) has also been used by ESPD’s proposers in their papers (Vizard et al., 2009; Vizard, 2013) leaving little doubt about the political nature of ESPD’s genealogy (McCallum, 2001). Moreover, the politically driven Dangerous and Severe Personality Disorder (DSPD) programme was also integral to proposition papers for

ESPD (Vizard et al., 2004). From a semi-genealogical/constructionist approach it is assumed that ESPD's 'existence' as a childhood 'disorder' is reliant on the social context in which those children exist.

Defining mental illness and its aetiology are political issues impacted by the zeitgeist of the time (Evans et al. 2011). On 3<sup>rd</sup> February 1993, 2 year old James Bulger was killed by 10 year olds Robert Thompson and Jon Venables who were tried for murder in an adult court (Morrison, 1997). A catalogue of errors were noted across the case and their subsequent care/supervision (Smith, 2011) from issues concerning trial of children in adult courts (EHCR, 1999, HMCS, 2000, UNCRC, 2000), the judge's decision to remove the boys right to anonymity in line with public and press demand which caused significant rehabilitative issues (Ormand, 2012) to serious concerns about the Home Secretary's raising the boys tariff in line with public opinion via a *Sun Newspaper* petition campaign (Fionda, 2005). The latter being what appeal Judge Lord Donaldson ruled as an exercise in '*institutional vengeance*' by '*a politician playing to the gallery*' (Green, 2010).

This brought forth a climate of 'institutionalised intolerance' as youth crime was re-politicised and re-profiled (Muncie, 1999) and 'risk society' politics (Beck, 1992) of risk prediction and intervention took centre stage in policy

reform (Muncie & Wilson, 2003). The Bulger Murder was seized upon by the New Labour Party (Green, 2010) keen to be seen as 'Tough on Crime, Tough on the Causes of Crime' (Labour Party Manifesto, 1997) as part of its 'ideological rebirth' (Pitts, 2001; Drakefold, 1999; Butler and Drakefold, 2001) following conservative penal populism before it (Seddon, 2007).

The New Labour Government turned punitive in the 1997 white paper *No More Excuses: Tackling Youth Crime in England and Wales* and 'a new correctional continuum was put in place, with intensive intervention at one end and detention at the other' (Muncie & Wilson, 2004). Of particular interest to the current study is the way in which new legislation introduced interventions with children below the age of criminal responsibility considered *at risk* of offending via identification, referral and tracking initiatives (Youth Justice and Criminal Evidence Act, 1999, my italics). Interventionist imperatives also extended to 'Antisocial Behaviour' which is *believed or likely* to cause intimidation/harassment (Home Office, 2003 my italics). Most controversially, guilt is no longer the founding principle of these interventions unencumbered by legal principles such as 'the burden of proof' and 'due legal process' (Muncie, 2010). As sections 65 and 66 of that act put an end to cautioning, children were therefore exposed to formal criminal intervention in respect of what they *might do* or *who they are thought to be* (Muncie and Wilson, 2004 italics in original). These new 'politics of

behaviour' and discourses of 'responsibilisation' have been shown to disproportionately impact on marginalised children through 'precautionary injustice' strategies (Squires & Stephen, 2005) linked to growing child incarceration (Pitts, 2001). In 1992, 100 children under 15 years old were detained under grave crimes provisions, in 2001 this had increased to 800 (NACRO, 2003). This raised formal concerns about criminalising children (UNCRC, 2002) and 'psychological interventions' with those assumed to be *at risk* of future offending (Pitts, 2001a: 43).

Where criminology theories fail psychology/psychiatry will fill the gaps (Russell, 1989). The erroneous assumption psychiatrists can predict risk (Foucault, 2003:34) appears ever stronger as we evolve into Beck's (1992) risk society, particularly when viewed alongside 'the psy-complex' (Rose, 1989). That is, the weight of attention given in modernity to risk and the ways we attempt to control it via government power and disciplinary technologies (Foucault, 1975) as social control agents (Cohen, 1975). A concept bringing together those two factors was termed by Foucault (1976) as 'governmentality' which refers to those techniques and strategies by which governments make it possible for populations to enter into the calculations of political rule (Burchill et al, 1992). The concept of 'governmentality' has since been expanded on by academic explications of the ways governments exercise power and control in rationales, discourses, strategies, technologies

and practices (see Burchill et al., 1991). In this respect it has been argued that 'childhood is the most intensively governed sector of personal existence' (Rose, 1989:121).

However, there are 'antisocial' children and there are also *seriously* antisocial children who commit serious acts of interpersonal violence (Boswell, 1996) and grave or sexual crimes (Cavadino, 1996). Within that latter group, there may also be some whose behaviour (see Thomas, 1997, 2002) has been described using the adult construct 'psychopathy' (Blair et al., 2005). It is children thought *at risk of* this with which ESPD proposals are concerned (Vizard et al., 2004). Their needs are considerable (Salekin & Lynam, 2010) and difficult to meet clinically (Bleiberg, 2001) or residentially. At the time of writing there are no residential treatment facilities for the most traumatised young people in the UK (Batmanghelidjh, 2006) exhibiting the most high-risk behaviour/conduct problems (Epps, 2006) let alone those who may demonstrate deficits consistent with descriptors of psychopathy (Hare, 1993; 1997). Furthermore, any placements that do exist do not provide any meaningful therapeutic work (Harvey & Smedley, 2010) instead focus is on risk management and basic 'care' (Hagel & Jeyarajah-Dent, 2006). This is because non-health based 'diagnoses' such as 'Severe Conduct Disorder' fall outside the remits of Child and Adolescent Mental Health Services (CAMHS) and social services (Carr, 2010). Thus no single agency will accept



responsibility for these children (Epps, 2006) which is a similar situation to those adults who are given a diagnosis of Personality disorder (DoH, 2003). Particularly those who are thought to be at risk of violence (DoH, 1999). So, in this climate of risk management in healthcare 'it would no doubt come as a shock to members of the public that some of the country's most difficult and risky young people are living in bed and breakfast accommodation because they are too difficult to manage in any form of childcare unit, including secure accommodation' which offer no intervention/treatment and consequently 'these children bounce back and forwards between agencies' (Epps, 2006:150). This is a familiar occurrence in children's services/foster placements/mental health services (Boswell, 1996). Children are assessed, labelled and actively excluded by services (Hunter, 2010). Many have 'diagnoses' for which we have no 'treatments' (O'Neil, 2001) and because most are looked-after children, new 'treatments' such as Multi Systemic Therapy are inappropriate for that group (Henggeler et al, 2009). This situation in the UK for 'socially excluded' youth begs the question 'Can the state ever be a good enough parent?' (Reeves, 2012:32).

Throughout this author's experience of employment, clinical training and as research assistant in NHS, HMPS and local authority settings with children and adults, the answer she would give to that question is a resounding 'No'. Often, in cases of the most high-risk children/adults there seemed to have

been child protection, safeguarding and services errors throughout their childhoods (Bentovim et al., 2009). Many child clients were angry and unable to ask for what they needed. Those most in need of services, were those whose neglect, abuse and trauma appeared so complex were referred to as 'personality disordered' which saw them further excluded. Therefore, it was unclear as to how a label appropriating the PD diagnostic term might encourage inclusion and treatment. For this author, rationales for ESPD appeared to be based in government ideology and rhetoric, rather than 'science'. So, this research investigates what ESPD might mean to practitioners who may use it to describe this group (Butler, 1999) and explores how ESPD might become reified or function rhetorically and ideologically in talk (see McCallum, 2010; Potter, 1995; Billig et al., 1988). The study assumes the position then, similarly to Graham (2005) that in tackling the ideology of a science (Foucault, 1972) and its rhetorical functions (Potter, 1995) 'in order to reveal and modify it' one should 'question it as a discursive formation' (Foucault, 1972:205). This may help to explore the labelling issues which have been side-stepped by the proposers (Vizard et al., 2004, 2007, 2009). Which may also help to investigate ESPD's potential 'effects in the real' (Foucault, 1980:237) for those children made subject to it (Althusser, 1971) in terms of their 'treatment' clinically, residentially or otherwise.

## **LITERATURE REVIEW**

### **Introduction**

This chapter outlines the background to the present study, focusing on conceptual confusions associated with personality disorder, the construct of psychopathy and antisocial personality disorder which have been appropriated recently in proposals for ‘Emerging Severe Personality Disorder in Childhood’

The review takes constructionist epistemological view and should be seen as ‘constructing a constructionist introduction’ (Perry, 2007: 150). Therefore this review should be considered as generative to the research foci and thus, the way in which material is presented is a positioning and legitimization of a particular version of events (Craven & Coyle, 2007). Importantly, this review does not approach ESPD as an accepted label (which it is not) but rather as a political discourse and as such there are no attempts to prove or disprove it, or to evidence potential effect or theories regarding labelling. Any references to positivist studies here should not be taken as fact or as proven perspectives, rather as an attempt to represent some relevant, dominant and broad historical debates, discourses and knowledge constructions in the field

## **The ‘Origins’ of Personality Disorder and Historical Links to Criminal Behaviour**

The ‘problem’ we have come to conceptualise clinically as ‘Personality Disorder’ (PD) is thought to have originated sometime in the 19<sup>th</sup> century when clinicians noted that some individuals were not amenable to the psychoanalytic models of the day and were subsequently labelled with ‘Personality Disturbance’ (Paris, 1996). The classification of ‘personality’ is traceable back to the Greeks and notions of abnormal personality types have been historically considered as variants of normal personality therefore ‘disorders of personality have lain outside the purview of psychiatry’ (Paris, 1996:2). Until the 19<sup>th</sup> century psychiatrists were uninterested in whether these variations in personality become forms of ‘mental illness’ (Tyrer, 1988) and only one form of ‘pathological personality’ was recognised as valid diagnosis, that of ‘moral insanity’ which was later termed ‘psychopathy’ (Mason & Mercer, 1998).

Over time the ‘Psychopathic Personality’ became the ‘Personality Disorder’ we refer to today (Parnell, 2010) though accepted authorities on the subject fail to explain when this metamorphosis took place (Livesley, 2001:6). Others write historical accounts appropriating ‘Psychopathic Personality’ and then ‘Psychopathic Personality Disorder’ as they recount development of the

construct. Then they moving into writing about 'Personality Disorder' without any explanation as to when or why that change occurred historically or within their books (Tyrer, 1988:6 in Parnell, 2010). However, what is clear historically is that the original construct of 'Psychopathy' or 'Psychopathic Personality' could be defined by an inability to control criminal actions (Blair et al, 2005). Thus, personality disorder and criminal behaviour (Ellard, 1989; Russell, 1989) have an inextricably long, complex and somewhat ill-explained interlocking history with one another (see Malatesi & McMillan, 2010). As has psychiatry and the criminal mind (Mason & Mercer, 1998). The psychiatrisation of the criminal has proved a considerable force in academia (Mason, 2006), social policy (Seddon, 2007) and psychotherapeutic practice (Welldon & Van Velson, 1988). This medicalization of the criminal keeps the focus on the individual, leaving underlying ideologies remaining unquestioned and unchallenged as the emphasis on individual change rather than social change (Mason & Mercer, 1998). This depoliticises crime, transforming it into the professional territory of the experts (Foucault, 1978). This dates back over 200 years (Foucault, 1975) which, in respect of the current thesis can be evidenced historically through genealogical approaches (McCallum, 2010) to illustrate the medico-legal establishments growing interest in what has been termed the 'pathology of the monstrous' (Foucault, 2003:56).

## **Defining Personality and Personality Disorder**

There are difficulties in defining 'personality disorder' which is not helped by the fact that the concept of 'personality' itself eludes definitive definition (Livesley, 2001). A recent Royal College of Psychiatrists (2013) leaflet for patients who have been diagnosed as having a 'disordered' personality illustrates this:

*"It's not easy to pin down exactly what we mean by the word 'personality'. It seems obvious, but it can be hard to put into words. This can be because the words we use to describe people tend to have wide meanings – and these meanings often overlap. These words can also cover more than one kind of experience"* RCPsych - 2013

However, despite different theorists employing their own definitions of personality led by individual differences approaches or trait theories (see Allen, 2000) there appears to be a general agreement, with regard to 'PD' that currently:

*'personality is seen as a complex pattern of deeply embedded psychological characteristics that are expressed automatically in almost every area of psychological functioning'* (Millon et al., 2004:2)

and from a behavioural perspective personality is considered as a constellation of observable behaviours that characterise predictable interactions with the environment which is the most powerful determinate of individual behaviour and this overt behaviour is emphasised because it is often the reason for identification/intervention, is amenable to control and allows for documentation of intervention efficacy (Kazdin, 2001 cited in Freeman & Reinecke, 2007). Kurt Danziger (1990) suggests factors such as amenability to control and prediction are integral to the history of most psychological concepts. Despite its long history, the concept of 'personality' in psychology emerged at precisely the same time as the 'personality test' as many concepts which are taken for granted as truth or as objective science are often preceded by the invention of statistical methods or tools for their measurement by those whose professionalism is invested in them (Danziger, 1985).

W. John Livesley (2001) gives a comprehensive review of the conceptual problems that continue to arise when PD is used as a diagnostic category, highlighting issues such as failure to correlate the diagnostic category of PD with the many models of personality in psychology derived from multivariate analysis (p.19-25). There is also an associated issue with the diverse origins of the sub-types of PD, such as the psychoanalytic origins of the histrionic

type, the social learning roots of the avoidant type and the psychiatric lineage of schizotypal type (Livesley:2001:16) so it is argued current classification is

*‘An uneasy combination of concepts derived from conceptual models that are not always consistent with each other. Under these circumstances it is not surprising that the operating characteristics of the system in terms of diagnostic overlap, coverage, and reliability are poor’*

(Livesley 2001:16)

These conceptual confusions and incompatible models work against the establishment of an overall theoretical rationale for the diagnostic category of Personality Disorder. Moreover, PD is not considered a mental disorder (Kendall, 2002), there is no distinct boundary between normal and disordered personality (Tyrer et al., 2007) and personality disorders have high comorbidity with other diagnostic entities, which can make these observed ‘conditions’ difficult to manage clinically (Paris, 1996). These obfuscations in defining PD bring serious confounding issues for diagnosis, research and any efforts at treatment development or outcome measurement (Bleiberg, 2001).



## **The Classificatory Term and Diagnostic Construct Personality Disorder in the DSM**

The classificatory term Personality Disorder is used to describe a considerably 'wide range of disparate behaviours' (O'Rourke et al., 2003:1) and:

*'enduring patterns of cognition, affectivity, interpersonal behaviour and impulse control that are culturally deviant, pervasive and inflexible, and lead to distress or social impairment'*

(Blackburn, 1998 cited in O'Rourke et al., 2003:1).

Literature indicates the most predominant classificatory system used in Personality Disorder research is the *Diagnostic and Statistical Manual of Mental Disorders* 'DSM' (Magnavita, 2004) and:

*'The process of psychiatric classification and diagnosis involves the construction of representations of aspects of the patient in terms of a presumed underlying reality, constructed as part of biological, medical or social science. The use of these representations in clinical situations involves the practical application of scientific knowledge to solve problems as understood by psychiatrists and others in the clinical setting'*

(Manning 2000: 624-5)

The DSM is an atheoretical classificatory text of nosological conditions used by clinicians to aid them in attempts to research and diagnose clusters of symptoms associated with 'emotional, behavioural and mental disorders'. However, it is worth noting that the American Psychiatric Association (2000)

who publish the DSM concede that defining mental disorders is also problematic:

*'DSM-IV is a manual of mental disorders, but it is by no means clear just what is a mental disorder and whether one can develop a set of definitional criteria to guide inclusionary and exclusionary decisions for the manual. Although many have tried (including the authors of the DSM-III-R), no one has ever succeeded in developing a list of infallible criteria to define a mental disorder'*

- Allen J. Frances, Chair of the APA *DSM-IV* Task Force (1994: vii)

The DSM-IV-TR currently defines Personality Disorder as:

*"An enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment."*

and this should be manifested in at least two of the following areas:

- (1) cognition (i.e., ways of perceiving and interpreting self, other people, and events)
- (2) affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response)
- (3) interpersonal functioning
- (4) impulse control

B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.

C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood.

E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.

F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).

(APA 2000:686).

The DSM-IV-TR currently contains ten official Personality Disorders which are grouped into three clusters A, B and C also termed respectively as the ‘odd’ or ‘eccentric’ cluster (paranoid, schizoid, schizotypal), the ‘dramatic’ or ‘impulsive’ cluster (Antisocial, Borderline, Histrionic, Narcissistic) and the ‘anxious’ or ‘fearful’ cluster (Avoidant, Dependent, Obsessive-Compulsive) based on descriptive similarities (Paris, 1996). Alongside a specialist category ‘Personality Disorder Not Otherwise Specified’ which can be used by diagnosing clinicians in cases where traits of several PD’s are considered as present or where the person is considered as meeting the general

criteria but is assumed to have a PD that is not included in the classification (APA, 2002:685). The cluster of PD's with the most relevance for the present study are the Cluster B types and in particular, Antisocial Personality Disorder or ASPD (APA, 2000:686). These four PD sub-types have also been termed 'severe personality disorders' because of the 'enormous personal, social, and financial cost associated with them' (Bleiberg, 2004:1).

DSM definitions and criteria for PD are also affected by well-documented publication trends in individual PD's since 1971 (Parnell, 2010) which tend to focus on the 'severe' PD's with Borderline Personality Disorder dominating research interest along with strong publication rates for antisocial personality whereas others such as schizoid PD failed to attract research attention at all (Boschen & Warner, 2009). Hope Landrine (1989) also evidenced clear patterning in PD diagnosis suggesting that an individual's positioning in the social power hierarchy is implicated in the PD assigned to them. Moreover, evidence indicates that the PD's are class (Evans et al., 2011) and gender biased (Nucknolls, 1992). These issues with PD become more concerning in review documents ready for the production of the DSM-V (Parnell, 2010) and a prospective chapter 'Personality Disorders and Relational Disorders: A research agenda for addressing crucial gaps in the DSM' (First, 2005). It could be argued that a proposal for a category related to 'Relational Disorders' which are not seen to reside *inside* the person but

*between* people (First, 2005:157:9 *my italics*) is an example of the way in which the DSM redefines its boundaries (Evans et al.,2011) and attempts to ‘diagnose’ immeasurable phenomena reinforcing the arguments of its critics that one of its main functions is the psychiatrisation of everyday life (Parnell, 2010; Kutchins & Kirk, 1997; Evans et al., 2011; Davies, 2013).

### **The ‘Aetiology’ of Personality Disorder: Links to Childhood Trauma**

There are multiple theories concerning the assumed aetiology of those behaviours and affects thought to be consistent with diagnostic criteria produced for personality disorder (see Livesley, 2001) and textbooks are replete with multiple constructions relating to theories of functional and dysfunctional development (see Magnavita, 2004) which are beyond both the scope and the remit of this current study. As the study is not concerned with proof in the evidence put forward for Emerging Severe Personality Disorder in Childhood (ESPD), this section draws together some of the predominant theories, constructs and discourses referred to by most PD theorists (Livesley, 2001; Paris, 1996; de Zulueta, 1994). It reviews those which may be most relevant to knowledge productions concerned with understanding the possible antecedents to the behaviours and affect observed in those children who may be labelled ESPD. These are drawn from developmental, neurological, psychoanalytic and cognitive perspectives. In this respect, this very brief

constructionist review should not be considered exhaustive nor taken as an agreement that those theories are ‘fact’.

The DSM-IV-TR states that PD categories can be assigned to children/adolescents in ‘those relatively unusual circumstances’ that the maladaptive traits noted are pervasive and can be noted over 1 year, though these are unlikely to persist unchanged into adult life (APA, 2000:687). The exception to this is ASPD which cannot be diagnosed before the age of 18 but is said to have ‘an onset in adolescence or early adulthood, is stable over time’ (APA, 2000:700) and although this claim of stability over time has not always been borne out by research (Skodol et al., 2007) there is consistent agreement across texts that childhood trauma is implicated in development of the difficulties consistent with diagnostic criteria for PD and ASPD (Freeman & Reinecke, 2007). As Magnavita (2004) argues ‘There is little question that traumatic events are strongly implicated in personality dysfunction’ (p.17) because certain theorists suggest ‘repeated trauma in childhood forms and deforms the personality’ (Herman 1992:97). This brings about one of the most controversial questions in PD research, can children be classed as personality disordered? (Bleiberg, 2001) and perhaps more importantly should they?. The controversial nature of such a question arises across constructions of child development, mostly due to reported findings concerning an assumed continuous plasticity of the brain and synaptic pruning in adolescence indicating possibility for change (Gazaniga, 2002). This is not consistent with

descriptions of adults with PD diagnoses. There are also issues arising from thoughts that typical adolescence can be a time of ‘storm and stress’ (Hall, 1904; Freud 1958) characterised by identity crisis and psychosocial moratorium (Erikson, 1968) which has been said to cause negative mood, impulsivity, problematic relationships and ‘delinquency’ (House, 2002). Knowledges reproduced in ‘neuroscientific’ perspectives suggest conflicting combination of late maturation of the prefrontal cortex and changes in serotonin/dopamine neurotransmitters are implicated in difficulties experienced in adolescent relationships (Gazzaniga, 2000). Moreover, adolescents are often described as displaying non-reflective ‘adolescent egocentrism’ (Elkind 1967). Therefore, it may be worth being mindful that many constructions of child and adolescent development would concur that typical maturation can heighten certain difficulties associated with development of behaviours consistent with PD’s in young people. This may be particularly relevant for those whose basic needs may be unmet (Maslow, 1943, 1954) such as ‘ESPD’ samples (Hickey et al., 2007).

This controversy is perhaps best illustrated in the preface of *Personality Disorders in Childhood and Adolescence* where the authors discuss the reaction to their proposal for the volume explicitly:

*‘Many of the colleagues with whom we discussed the idea were shocked by the project. For some the reaction was incendiary – they were appalled that*

*we would even consider such a project. A smaller number agreed that these were important questions, but were discomforted by making the issue so open'*

- Freeman & Reinecke (2007: iv)

Freeman & Reinecke (2007) detail the reasons for this reception, including the conceptual and diagnostic ones already mentioned as stemming from historical discourses about treatability, exclusion from services, pejorative labelling, lack of evidence for treatments available and the negative attitudes and poor treatment of those people who have been given a diagnosis of personality disorder by practitioners (all discussed later) and they make the case for early intervention via psychiatric risk prediction for this group while young. Efrain Bleiberg (2001) in another one of the rare volumes to discuss working with children/adolescents 'in the process of structuring a severe personality disorder' (vii) writes these children are:

*'Often strikingly arrogant, defiant and manipulative, they also convey a touching determination to survive and connect with others. Yet they excel at defeating the efforts to help them....Some of these children's minds and bodies have suffered the destructive intrusions of sexual or physical abuse or the more insidious damage of neglect or sensitivity....yet regardless of the degree of environmental assault or biological misfortune that they experienced, they often display an uncanny sensitivity to other peoples mental states. This sensitivity incongruously coexists with striking self-centredness and callous*



*disregard for the feelings of others. One moment they can be thoughtful and appealing the next moment, their rage, demandingness, destructiveness, and self-destructiveness become overwhelming. For many therapists the demands of carrying on a treatment relationship become difficult to bear as they find themselves falling into a dark despair, not unlike that experienced by their young patients'*

Literature reviews support positivist constructions of knowledge which suggest that risk factors associated with PD are dysfunctional families, traumatic experiences, sexual and/or physical abuse and social stressors (Paris, 2001). With regards to PD and possible risk of violence (see McMurran & Howard, 2009) there is consistent evidence produced which infers that inadequate caregiving, emotional and physical neglect, cruelty and violence as being implicated in future violent acts (Miller, 1988) and youth crime presentations (Reeves, 2012). Indeed, it is argued that exposure to chronic trauma may predispose a child to abnormal personality pathology (Meichelbaum, 1994) and it is further suggested such adversities might increase the risk of personality disorders (Freeman & Reinecke, 2007). However, some theorists do urge caution here. These should not be thought of as primary cause of behaviours consistent with PD as the view has been put forward by some leaders in the field that some individuals may be more resilient to adversity than those who develop 'clinical symptoms' due to (an

inferred) underlying vulnerability to those same risk factors (Paris, 1996, 2001).

There are several knowledges produced across theoretical perspectives, which construct a somewhat coherent narrative concerning the way exposure to childhood traumata may predispose a child to later ‘personality pathology’ and those reviewed here are those which are most pertinent to the proposals for ESPD, which posit neglect, cruelty/violence, poor attachment relationships with caregivers, low empathy and neurological deficit as risk factors (Vizard et al., 2004; Vizard, 2008). Felicity de Zulueta (1994) suggests that for perpetrators of violence (like those children who might be labelled with ESPD) the violence actually originates from the distress associated with their traumata (Garland, 1997) as victim. Psychoanalytically constructed understandings of ‘typical development’ claim that a certain amount of loss and pain is necessary in infancy in order to be able to manage emotion connected to any ‘losses’ which is said to be integrally implicated in facilitating ‘well-functioning’ cognitive and emotional development (Sedlak, 2004). Absence of a containing caregiver is thought to affect those typical ‘defence strategies negatively. Some theorists will argue that this can see those ‘defense strategies’ can begin to form into more ‘maladaptive’ strategies (Steiner, 1993). Those theorists who argue from this perspective

view this as being the beginning point of an individual developing an adult 'pathological personality structure' (Steiner, 1993; Sedlak, 2004).

Attachment theorists also claim that early experiences of neglect, emotional or physical trauma erode quality and experience of future relationships with others across a variety of contexts (White & Swartz, 1999). According to attachment theory (Bowlby, 1969) early relationships are the formative basis for all interpersonal relationships throughout life. Many theorists and commentators argue relationships with others are particularly dysfunctional for those with PD diagnoses (APA, 2000). Attachment theory bridges cognitive and developmental models in psychology (Bowlby, 1969, 1973, 1988) and is a dyadic view of development which emphasises the importance of the proximity of a preferred attachment figure as crucial to the infant child facilitating a positive sense of self and development of future functional relational capacities, without which the opposite is predicted (Holmes, 1993). Poor infant/child attachment experiences have been linked to adult personality disorder by various writers (Bateman & Fonagy, 2000) because 'developmentally pre-established principles organize subsequent experiences' (Stolerow and Atwood (1992:24) which, these theorists will argue over time these may become 'representations of interactions that have become generalised' (Stern, 1985, 2000). In this respect, in certain schools of thought the interpersonal and relational difficulties that are said to be

observed in those with a PD diagnosis are partially due to continued dysfunctional relating throughout life (Butler et al., 2006) based on attachment experiences (Bowlby, 1975). De Zulueta (1994) proposes the way that people who may receive PD diagnoses might be seen to behave in relationship with others can be partially explained as connected to their early experience of attachment relationships.

Case studies in neuroscience tend to construct development of adaptive interpersonal skills (Young, 1994) and individual capacity for emotional regulation (Siegel, 1999; 2001) or empathic response to others (Baron-Cohen, 2011) as being reliant on development of neural networks in the prefrontal region of the brain (Gazzaniga, 2002). Certain knowledges produced in the neurosciences put forward the argument that these develop throughout life (Cozolino, 2002). Particular theorists have begun citing the dynamic relationship between neurological development and an individual's experience of self and others as complexly and intrinsically implicated in their behaviours in and quality of interpersonal relationships (Siegal, 2001; Schore, 2001). In this way, the orbital frontal cortex is the area of the brain most consistently described as the particular brain region implicated in attachment/relationships (Ogden et al., 2006). Developmental child psychology perspectives which draw on this type of neuroscientific insight tend to suggest that early right hemispheric dysfunction involving the

orbitofrontal cortex, in neglect and abuse cases can contribute to poor development of 'theory of mind' (Fonagy *et al.*, 2004:24) and deficits in capacity to make sense of the minds of others, which may result in low empathic response (de Zulueta, 2010:48). This has subsequently led to further claims in recent developments in suggestions regarding personality disorder treatment that mentalisation capacity may be deficit due to early attachment experiences (Winnicott, 1964; Bowlby, 1973; 1988; Shore, 1994; Fonagy, 2004). Some discuss this in terms of a deficit in 'higher order emotional processing' so emotionally-led behaviour might be seen as common in observations (Siegel, 2001; Fonagy & Target, 1997).

Van der Kolk's (1989) physiology of attachment reviews have suggested in some cases there addictive propensity to forge relationships redolent of ties to early objects even when these are traumatic. Arguments from certain perspectives tend to infer this could reflect neurochemical, psychological and emotional derivatives (Mitchell, 2000). Psychoanalytic thought would be inclined to suggest that in certain cases of developmental trauma clinicians might observe patients compulsion to repeat the event over and over, either directly or symbolically (Temple, 1998). Originally, in 'Remembering, repeating and working through' Freud (1914) conceptualised this as resistance to remembering something that has not been worked through,

though contemporary analytic understandings informed by neuroscience would dispute this (see Bromberg, 2003).

Further associated constructions of knowledge informed by advances in neuroscience technology suggest that due to an undeveloped hippocampus explicit memory is not available pre 18 months while the basal ganglia and amygdala are developed at birth (Oates *et al.*, 2007:181). This sort of finding allows neuroscientists to infer that relationship-related memories are laid down in implicit memory early on (Gazzaniga, 2002:329). These are not thought to be available for conscious recall due to knowledge which suggests we have two independent memory systems, but there is thought to be an early 'emotional sense' of experiences at this age (Smith *et al.*, 2003:94). Further evidence provided within these knowledge frameworks appears to strengthen the argument in that cortisol levels may also be implicated in damage to explicit memory in neglect/abuse cases (Gunnar & Donzella, 2002). Therefore some writers claim early trauma may result in irremediable damage to memory systems (Fonagy, 1999). Writing from a psychoanalytic perspective Bollas (1987) termed this 'the un-thought known' and this can be linked to the earlier concept of the 'nameless dread' an extreme sense of 'powerlessness' in infancy (Stephen, 1941:181) which may leave a 'residue of thoughts and feelings that have been stripped of their meaning' (Bion, 1962:99). According to Chodderow (2001) the 'un-thought known' refers to

preverbal, un-schematised experience/trauma (p.252) that may determine one's behaviour unconsciously, barred to conscious thought (p.272). Taking further this line of thought, it has been suggested that the defensive mechanism most likely linked with developmental trauma is dissociation (Fonagy, 1996). Dissociation has been characterised as a 'compartmentalization of experience: elements of a trauma are not integrated into a unitary whole or an integrated sense of self' (Van der Kolk et al, 1996: 303). Neuropsychological literature suggests during traumatic experiences the hippocampus is suppressed for rapid response so memories are context-free (Van der Kolk, 1989). It has been argued that this can be considered in respect of understanding connected to typical human fight or flight response. From this perspective it is thought that there could be a kind of amnesia for specific traumatic events that the person has experienced but can be re-experienced in trauma-associations and loss of their affect regulation resulting in 'fight or flight' response to minor provocations (Van der Kolk, 1996:219). It could be argued that this can lead to subsequent development of a 'defensive script' in people who receive diagnoses of PD with a history of attacking others and themselves (Nathanson, 1992:81).

Cognitive-interpersonal theorists take the position that a child's adaptive behaviours to chronic trauma and abuse in order to try to maintain proximity to their primary caregiver may become 'schematised' in that these theorists

believe these early interactions may form a kind of template for expectations and roles in interactions (Young, 1994). From this particular view point these theorists would posit that such templates formed at very early ages can affect future interactions and interpersonal relationships with others because, despite these behaviours being somewhat functional (and perhaps survival behaviours) in that dysfunctional and abusive environment, these could subsequently be viewed by others as maladaptive and unhelpful outside it (Herman, 1992) incurring relational difficulties for that individual.

These theories, arguments and explanations (drawing from relevant constructs and knowledge constructions through the history of psychology, psychiatry and psychotherapy) when taken together, may offer one, very broad narrative which may or may not aid our understanding of the potential and inherently complex development of certain behaviours linked to PD. These narratives could also be called upon in an attempt to understand the issues of callous behaviour and low empathic response to others, alongside the impulsivity, violence and cruelty to animals and humans and 'infantile rages' which are often said to be observed in, or associated with antisocial personality disorder (McCallum, 2001) which ASPD is claimed to signal children may be at risk for (Vizard et al, 2004).



## **Antisocial Personality Disorder**

Antisocial Personality Disorder (ASPD/APD) is considered by some commentators as one of the most reliable diagnostic categories in the DSM (Coid, 2003). However, only three out of thirteen studies evidenced good reliability for DSM ASPD criteria (Rogers et al., 1994) and construct validity is often questioned as there is some confusion as to whether ASPD is psychopathy (Hare, 1996) or whether it is distinct from psychopathy (Skeem & Cooke, 2010) which has seen it termed 'the most controversial of all the personality disorders' (Frances, 1980:1053). This is because expert witnesses have used the term or variations of it to describe criminal defendants which have been evidenced as having aggravating effects on sentencing considerations as ASPD creates expectations that rehabilitation is impossible and future crime and/or violence is inevitable (Cunningham & Reidy, 1998) and therefore it is argued the ASPD construct takes on meaning beyond any scientific evidence to support such inferences (Widiger & Shea, 1991).

Some claim ASPD has a sound basis in robust scientific evidence (De Brito & Hodgins, 2009) while others suggest it is merely a potential outcome of low socioeconomic status (Green et al, 2004 in McCallum, 2001). This is because a significant majority of those diagnosed with ASPD (or childhood Conduct Disorder) are living in poverty in deprived inner-city environments with high levels of unemployment (Grant et al, 2004 in McCallum, 2001).

Pickergill's (2011) review of documentation used by the APA for the standardising of PD connected to antisocial behaviour across DSM-I – DSM-IV notes that contributors were concerned with refining ASPD criteria to ensure it would not lead to a preponderance of 'inner-city lower-class black males' being diagnosed with the disorder (p.552) or confounded with poverty as criteria included being on 'public financial care' (p.548). These issues were taken up by Griffith (1996 in Evans et al.,2011) who asserts that ASPD was an attempt to label an African American male in such a way as to ensure he does not receive support from the mental health system, but rather becomes enmeshed in the criminal justice system. Black males with ASPD diagnoses are also more likely to be assessed as being at a higher risk for violence than white counterparts (Adebimpe, 1981).

Despite ASPD being over represented in prison populations, studies have not found ASPD to be consistently associated with violence, even in rare studies which include those with a high score on measures of 'psychopathy' in addition to ASPD (Hodgins & Cote, 1993). Moreover, most commentators agree that current understanding of ASPD, its antecedents and in particular any functional links with violence are very limited (Coid, 2013) as the few studies there have been obtain contradictory results (De Brito & Hodgins, 2009). Moreover, most theorists assume ASPD to be a stable and untreatable condition (Hare & McPherson, 1984) though literature reviews have only

identified two research projects investigating treatment (Duggan et al., 2007) and thus most commentators tend to advocate for 'early intervention' in ASPD during childhood, though despite considerable evidence collected to make the argument for this, as of yet there are no definitive explanations as to what this 'early intervention' might be or what it might look like in practice (De Brito & Hodgins, 2009). Those who do make suggestions as to what might potentially move a child off a developmental trajectory towards an ASPD diagnosis in later life all point to the same intervention, changing the child's social environment (Mortberg et al., 2007 and Levy & Orlans, 2004 in Pickersgill, 2010). Such suggestions cannot fail to lend weight to John Ellards (1989) argument which attempts to explain the weaknesses of psychiatric explanations due to a failure to separate medicine from morals in which he contests that the description of ASPD is essentially that of a 'hoodlum' from a poor and disadvantaged family. Ellard (1989) suggests this is a judgement that arises from the customs and prejudices of a particular social group from which psychiatrists are drawn and who therefore fail to see this incongruity or to separate their object of enquiry from social and political strictures (McCallum, 2001:29). Nevertheless, psychiatric explanations of criminality as opposed to those drawn from criminology or law have come to dominate academic enquiry in this area and is often referred to as 'bio-politics' which is the use of biological explanation to further political ideologies for social control (Cohen, 1975).

The diagnosis of ASPD has been subject to significantly changing criteria which can be observed clearly in comparing the behavioural indicators across DSM editions and text revisions (Widiger & Corbitt, 1995; APA 1968, 1980, 1987, 1994) whereby it has been noted that the ASPD criteria in DSM-II shares none of the common criteria for ASPD in DSM-III and only one with the DSM-III text revision, none of which changes were driven by research and appears to illustrate arguments that ASPD lacks descriptive consistency and validity (Rogers & Dion, 1991). These inconsistencies bring about several issues, such as the 'innumeracy problem' which describes the enormous number of possible symptom variations that might result in a diagnosis of ASPD which as this number of variations increase, the likelihood of ASPD being a discrete clinical entity decreases which is a problem that remains despite deletion of several criteria and sub-criteria (Rogers & Dion, 1991). Furthermore, there is a confounding issue in the absence of symptom weighting in ASPD as all criteria are assumed to have equal significance with the diagnosis reliant only on a 'pervasive pattern' of misconduct relating to each criteria, though pervasive is not operationally defined and there is no mechanism by which symptom severity can be measured (Francess, Spitzer & Williams, 1988) and it has been argued that the relationship between ASPD and recidivism or violence may be more connected to frequency and severity of criterion than the diagnostic label itself (Cunningham & Thomas, 1998).

Moreover, there are considerable issues with the assumptions that the behaviours and affects characteristic of ASPD will remain constant over time despite this assertion not being supported by research thus far as interrater reliability of ASPD diagnoses over time is between 41% - 58%, (Vandiver & Sher, 1991) it is not stable across the lifespan (Regier et al., 1988) criminal behaviours associated with the diagnosis also reduce as individuals age (APA, 1994) or experience a change in context (Quay, 1994). Denise Russell (1985) uses those aforementioned DSM comparisons to illustrate her points regarding the medicalization of criminality with specific reference to the DSM II and DSM III in their definitions of antisocial personality disorder. The description in the former concerns people whose behaviours 'bring them repeatedly into conflict with society' though there was a caveat that simply having 'a history of repeated legal and social offences is not sufficient to justify this diagnosis' in stark contrast, the DSM-III which states 'the essential feature is a personality disorder in which there is a history of continuous and chronic antisocial behaviour'. As Russell points out the later version also emphasises outward behaviour as offensive to others rather than alluding to an inner state which may or may not be offensive to others. Therefore, as Russell sees it, there is no distinction between the antisocial personality disorder of the DSM-III and criminality itself. Moreover, we could say this distinction between criminality and the definition of antisocial personality

disorder has now been completely blurred in the DSM-IV-TR (APA, 2000) see appendix iii.

DSM definitions of ASPD bring certain problems in that many theorists consider PD to be a condition which may emerge developmentally (Freeman & Reinecke, 2007) and the inclusion of the requirement that conduct disorder (CD) should be present before age 15 (though official diagnosis of CD as a child is not essential for a later ASPD diagnosis) makes this developmental emergence implicit (Duggan & Howard, 2009). However, ASPD cannot be diagnosed before the age of 18 despite many individuals receiving that diagnosis exhibiting a history of criminal/violent behaviour predating the ASPD diagnosis. Therefore the presence of CD as a requirement for a future ASPD diagnosis would suggest violent/antisocial behaviour (the outcome) is utilised as part of the PD definition and criteria (the antecedent) which means that any reasoning by which PD becomes functionally linked (Duggan & Howard, 2009) with antisocial/violent behaviour becomes a circular argument as we are effectively stating that antisocial behaviour *causes* antisocial behaviour (McCallum, 2001).

Denise Russell (1985) argues that the growing dominance of bio-medical psychiatry in legal and penal academia and practice is largely due to the dearth of adequate alternative theories of criminality, the abundant marketing of

psychiatric drugs in the penal systems and the increasing incorporation of the bio-medical model into criminology. With reference to the UK context and in particular youth crime (Muncie, 2010) that ‘dearth’ of criminology theories, might be better viewed as a dearth of criminology theories *which point towards formal legal interventions at a young age* (Cavadino & Dignan, 2007 my italics) and therefore do not fit with current government interventionist stances on youth crime (Muncie & Wilson, 2004; Muncie, 2010; Squires & Stephen, 2005; Fionda, 2005). Thus particular psychiatric/psychological explanations may be preferred along with their promise of ‘evidence-based’ and ‘early intervention’ strategies for crime prevention (Pitts, 2001a). These link to legislative changes (Home Office, 2003) and government ideology in its ‘what works’ strategy (Pitts, 2001a) which stands in contrast to long-standing, though often contested criminological theories that ‘nothing works’ in crime prevention (Cavadino & Dignan, 2007:42) or that poverty and unequal share of wealth are the main causes of crime (Atkinson, 1975; Wilkinson & Pickett, 2009). These conflations of certain definitions of crime, diagnostic categories and the resulting circular arguments of explanation and cause in ASPD criteria also have an intertwining history (Paris, 1996) across the interface between law and psychiatry in ASPD (Malesti & McMillan, 2010). Such discourses have also taken a circular form (McCallum, 2001) as they both begin and (with specific reference to the developments concerning PD in the UK) end with the somewhat controversial and again, inconsistently

defined construct of psychopathy (Cleckley, 1959; Hare, 1997; Millon et al., 2004; Maddon, 2007; Skeem & Cooke, 2008).

### **‘Psychopathy’ and ‘Callous-Unemotional’ Children**

The medical and legal status of psychopathy varies over time and one of the most remarkable things about the construct is that it is often conspicuous by its absence as a diagnosis in any diagnostic manual (Parnell, 2010) despite consistent associations made to it in commentary on ASPD (Malatesti & McMillan, 2010). Pickersgill (2011) illustrates how, despite this, the psychopathy construct has always ‘held particular traction in psychiatric history’ despite frequent acknowledgment that it was a problematic construct hotly debated ‘in terms of what it actually was, whether it could be treated and how it could be diagnosed’ (p.546). Commentary on the epistemological foundations of the concept of psychopathy (as it began to increase in popularity amongst psychiatrists) point to lack of agreement on classification, lack of clarity in terminology or aetiology (Parnell, 2010) and such an excessive broadening of the label:

*‘that, at some time or another and by some reputable authority, the term psychopathic personality has been used to designate every conceivable type of abnormal character’*

(Curran et al., 1944:278)



‘Psychopath’ has become a household word (Ronson, 2012) because, similarly to ASPD, it retains the status of both explanation and cause whilst functioning in a way that maintains the social order (Ellard, 1989:29). Some writers claim psychopathy’s links with ill-defined conceptualisations of ‘antisocial behaviour’ makes it ‘a catch all’ term (Mason & Mercer, 1998:151). Such conceptual issues with the concept of psychopathy (see Blair et al., 2005) and its reliance on individual clinical (social) judgement (Evans et al., 2011) for its meaning in context are also illustrated in government policy and consultation documents (Mason & Mercer, 1998; McCallum, 2001; Parnell, 2010). The Butler Report (1975) noted:

*‘a multiplicity of opinions as to the aetiology, symptoms and treatment of ‘psychopathy’, which is only understood by reference to the particular sense in which the term is being employed by the psychiatrist in question’.*

Further to that the UK government consultation document ‘*Offenders Suffering from Psychopathic Disorders*’ (Home Office, 1986) states psychopathy:

*‘is not a description of a single clinical disorder but a convenient label to describe a severe personality disorder which may show itself in a variety of attitudinal, emotional and interpersonal behaviour problems’*

Despite the historical diversity noted across descriptions of psychopathy (McCallum, 2001) Harvey M. Cleckley (1941) provided the most commonly referenced definition of the 'psychopathy' construct in which he considered 'psychopaths' to be superficially charming, often intelligent individuals, with shallow emotional depth who engaged in antisocial, sometimes violent behaviour. However, despite the growing popularity of this term amongst clinicians it did not appear in the first DSM, instead the DSM-I contained the construct 'Sociopathic Personality Disturbance' emphasising callousness and lack of responsibility (APA, 1952) and the construct ASPD followed this in the DSM-II (APA, 1968). However, despite those issues, ASPD's links (if indeed there are any) with psychopathy have been revisited by the DSM-V working group who did consider significant changes to PD diagnoses (certain criteria have changed) and had suggested ASPD should be termed antisocial/dissocial personality disorder with inclusion of a subtype "Antisocial/Psychopathic Type" (Hesse, 2010). Dissocial personality disorder is drawn from the lesser used diagnostic manual the ICD-10 (WHO, 1992) and is closer still to descriptions of psychopathy, though at present there is almost no research on that construct at all (De Brito & Hodgins, 2009). These issues and factors, taken together with the rate of renewed interest in 'psychopathy' could be seen to strengthen arguments that the popularity (or in this case a revival) of certain constructs in

psychiatry/psychology are often preceded by the invention of methods to measure them (Danziger, 1990).

### **The Psychopathy Checklist**

In the UK context, we have seen a revival of the construct of psychopathy (Millon et al., 2004) and of the downward extension of that adult construct to children in proposals for ESPD (Vizard et al., 2004; Vizard, 2008) in children who are often termed 'Callous-Unemotional (Salekin & Lynam, 2010). This revival stems from the invention of the diagnostic tools known as the psychopathy checklist, along with its revised form or PCL-R/PCL-RV (Hare, 1993) and the youth version the PCL-R-YV (Hare, 1997). The PCL-RV is a diagnostic instrument used to measure psychopathy in a 20 item checklist (See appendix iv). The PCL-R assesses both personality (interpersonal and affective) and behavioural (lifestyle and antisocial) deficits. As such, the research and clinical implications of psychopathy, as operationalised by the PCL-R, cannot be readily extrapolated to the diagnosis of ASPD as the DSM-IV-TR criteria are largely behaviourally based (Ogloff, 2006). Other critics argue the checklist conflates antisocial personality disorder with psychopathy, whereas these can be two distinct entities (Skeem & Cooke, 2010). Hesse (2010) argues these conflation could have serious consequences for people diagnosed with ASPD, in terms of treatment and

criminal justice settings. Such obfuscation of those constructs and difficulties with definitions have seen the PCL-RV both described as a valid and robust predictor of psychopathy and of violent recidivism (Hare et al., 2000) and conversely, as less reliable than chance (Coid, 2013). In respect of the youth version there are considerable issues with downward extension (Skeem & Cauffman, 2003) of such an ill-defined adult construct (Skeem & Cooke, 2010) which, for diagnosis in adults requires evidence of stable traits and behaviours across significant time frames and contexts (Hare et al, 2000) which cannot be evidenced in children (Malatesti & McMillan, 2010). Moreover, many items noted on the test can be seen as typical in 'normal' child development and in groups of children who offend, such as impulsivity (Salekin & Lynam, 2010).

Robert Hare (1993) revived Cleckley's (1941) definition of the psychopath as he devised the checklist while working in correctional facilities with detained individuals. Hare concedes this may see the construct biased towards criminal populations rather than others (Babiak & Hare, 1996). Hare has also pointed to issues with the ways the test is used by clinicians incorrectly as a 'framework to form' their 'professional opinions' while citing this is not uncommon for clinicians who 'often use formal diagnostic criteria only as guideline for forming opinions based on their own clinical experience' (Hare, 1993:191). Hare (1993) therefore advises 'careful use of procedures derived from solid scientific research' (p.191). However, 'solid scientific research' in

‘psychopathy’ is at best contradictory (Millon et al., 2004; Blair et al., 2005). Hare (1993) is also unoptimistic about treatment for psychopathy, citing studies which have shown a resilience to therapy and studies which have made the psychopath worse (p.199). Although he is more optimistic about the ‘young psychopath’ who he says as we learn more about psychopathy and if given intervention at a ‘very early age’ might be treatable (Hare, 1993:200). However, Hare (1993) doesn’t explain how those clinicians could predict, as he calls it the ‘budding psychopath’ at an early age (p.200) if they are so often wrong in their diagnosis of adults. Despite this, Hare (1993) concludes that ‘logically our best chance of reducing the impact of psychopathy on society is to attack the problem early’ though he makes no suggestions as to how one might go about this and further concludes, without citing any studies, that so far ‘efforts have not been successful’ (p.200).

### **The Fledgling Psychopath or Callous-Unemotional Child**

As far as describing the ‘fledgling psychopath’ (Lynam, 1996) or ‘psychopathic traits’ in children (Salekin & Lynam, 2010) a term which is gaining considerable popularity and usage in the UK is ‘Callous-Unemotional’ (see White & Frick, 2010 in Salekin & Lynam, 2010). This term is often used interchangeably with ‘psychopathic traits’ (See Vizard et al., 2009) to denote a lack of empathic response, emotional affect and

resistance to punishment or treatment though some studies contest these deficits in children described as ‘psychopathic’ or ‘Callous-Unemotional’ (Van Baardewijk et al, 2009). The inherent controversial nature of extending downwardly to children, such a confused and ill-defined construct as psychopathy is perhaps most convincingly illustrated by this assumed need to replace it with another term altogether. Though, this also adds to conceptual confusions. Interestingly, the authors of the most widely regarded text on the subject ‘Handbook of Child and Adolescent Psychopathy’ (Salekin & Lynam, 2010) warn that ‘Forensic evaluators may best refrain from referring to or classifying youth ‘psychopathic’ (p.391) and that the label ‘psychopath’ is potentially pejorative and excludes children from mental health treatments (p.390) while referring to these children using these terms in the title and throughout the text itself. Another serious ethical issue with such labelling of children is the assumed untreatable nature of psychopathy and the lack of treatments available. As far as treatment is concerned,

*‘a review of the literature suggests that a chapter on effective treatment should be the shortest in any book on psychopathy. In fact, it has been suggested that one sentence would suffice: No demonstrably effective treatment has been found’*

(Suedfeld & Landon, 1978:347).

Indeed, this appears to follow in the text as only one chapter out of a possible sixteen is devoted to treatment and the authors conclude in their treatment reviews that studies show ‘something works’ with ‘psychopathic youth’ while contending those studies are ‘flawed in numerous ways’ (Salekin & Lynam, 2010:343) and stating their own lesser reviewed studies are ‘promising’ (Salekin & Lynam, 2010:366-7). These kinds of ‘promissory discourses’ concerning understanding psychopathy and treatment have been evidenced before in discourse analytic studies which appear to illustrate rhetorical, rather than robust scientific arguments by those in the field (Pickersgill, 2011).

The potentially negative real world implications of using the label ‘psychopath’ to describe certain observed deficits in children have been indicated in mock reviews of case material labelling juveniles as ‘psychopath’ which showed juries as more likely to recommend the death penalty (Edens et al, 2002, 2003 in Salekin & Lynam, 2010) and in a survey of US clinicians in youth justice settings, this term when applied to juveniles influenced ratings of future risk, violence and dangerousness, even when antisocial behaviour was not present (Rockett et al., in Salekin & Lynam, 2010). Similarly, in a survey of 100 judges psychopathy independently predicted less treatment amenability, higher perceptions of dangerousness and more recommendations for restrictive placements (Jones & Cauffman, 2008 in

Salekin & Lynam, 2010). This picture becomes somewhat more disconcerting as those authorities on the subject urge considerable caution whereby:

*‘Given the ramifications associated with psychopathy and the potential for harm that can occur when an adolescent is assessed as having high psychopathic traits, forensic clinicians must be especially careful not to misuse the construct of psychopathy and to identify limitations appropriately when it is used’* (Salekin & Lynam, 2010;391).

Thus, illustrating that applications of the child construct and identification of limitations to it are open to interpretation. This therefore allows for the individual clinical judgement (Evans et al., 2011) the PCL-R-V’s developer was critical of in adult presentations (Hare, 1993) which have had serious negative effects in criminal justice and clinical contexts (Malatesti & Mcmillan 2010).

### **Practitioner Perceptions of Personality Disorder**

The continuing ‘problem’ people with a diagnosis of personality disorder pose for mental health professionals is widely and commonly acknowledged (Livesley, 2001; Bowers, 2002) though the well-documented negative attitude mental health professionals can have towards these ‘problem’ people is perhaps less widely acknowledged (Castillo, 2000; 2002). However, these historically pervasive negative attitudes were explored in a seminal paper



*'Personality Disorder: The Patients Psychiatrists Do Not Like'* (Lewis & Appleby, 1988). Like definitions of personality which suggest that it is enduring, so too are clinical attitudes associated with PD which are inextricably linked to historical assumptions regarding treatability. Lewis and Appleby (1988) indicated that psychiatrists viewed patients diagnosed with PD diagnoses as a 'problem' group. The study noted these individuals were viewed as difficult, annoying, manipulative, attention seeking, in direct control of their suicidal thoughts, behaviours and urges and that they were less deserving of care than other patients. The authors concluded that 'personality disorder appears to be an enduring pejorative judgement rather than a clinical diagnosis' and called for 'the concept of personality disorder to be abandoned' (p.44).

These calls for such abandonment of the PD term due to negative perceptions by practitioners may be further supported by studies showing biases in nursing care for this group and particular strategies being employed to 'cope' with care for this group, particularly when PD is associated with violence (Bowers, 2002). There is also evidence of moral judgements against this group (Hill, 2010) and evidence of an adoption of objectifying or bureaucratic language in certain presentations including PD by practitioners (Hamilton & Manius, 2006 in Hill, 2010) which in the case of those PD's associated with lower social classes, such as ASPD, individuals may be further discriminated against clinically (Smith et al., 2011).

Individuals with PD diagnoses are also publicly discriminated against in terms of the cost of their care and it would seem some are also quite aware of this. A consultant in Public Health published an article in *The Guardian* called 'Everyone's life has a price' (see Castillo, 1997:32) suggesting that money could be saved by denying hospital admission to those with PD. This prompted a local service user to write about their experience from hospital:

*'I am a victim of childhood sexual and ritual abuse. I am not yet a survivor. I don't see why I should be deprived of the care and expert counselling that I most definitely need. It was, after all, not me who carried out abuse on a minor. I am just trying to cope with the aftermath'.*

(Castillo, 1997:32)

If one wanted further confirmation that this group might be viewed or treated differently by practitioners this appears to be evidenced by assumed need for the development of the Attitude to Personality Disorder Questionnaire (APDQ) which is used to score practitioner attitudes towards this group (Bowers & Allan 2006). Indeed, research would concur that professionals require and would benefit from more education, training and understanding to work with PD in positive and productive ways (Krawitz, 2004; Shanks et

al., 2001). All these findings could suggest the PD label may have iatrogenic effects (Illich, 1975). If indeed we assume PD signals deficits in interpersonal relationships with others, it may be fair to say these could be potentially intensified by the way professionals interact with and treat those patients (Lewis & Appleby, 1988).

### **Patient Perceptions of Personality Disorder**

Although proponents of potential, though not yet well evidenced treatments for PD such as Dialectical Behaviour Therapy (an off-shoot of Cognitive Behavioural Therapy) for BDP have claimed that a diagnosis of PD is a validating experience (Lineham, 1993, 1994) no evidence for this assertion has yet materialised. This is not surprising as there is little research available concerning the experience of individuals who are given a PD diagnosis, although Clare Allen (2011) mental health author and recipient of a BDP diagnosis has said:

*'A personality disorder is precisely that, a disordered personality; the problem is not an illness, the problem is you.... I was summarily discharged*

*and the BPD was handed to me like a parting gift, an explanation as to why it was I had failed to respond to "treatment". One is tempted to suggest that it might be more helpful to diagnose the treatment than the patient who fails to respond to it ".*

Allen is a rare commentator on personal experience of PD and her experience seems far from a 'validating one'. Traditionally, the experiences of people with PD diagnoses have not been well researched (Castillo, 2000). Moreover the experiences of people who are considered 'mentally disordered offenders' are rarely researched as they have been assumed to lack objectivity (Coffey, 2006). More recently though, mental health service-users including those 'with PD' have been evidenced as being able to provide valuable insights and feedback (Ryan et al., 2002; Sainsbury et al., 2004).

Heather Castillo (2000, 2001, 2002) conducted the only research from the individual's perspective on PD. When those who had been given a PD diagnosis were asked what PD meant 26% did not know, 22 % said it was a label you get when 'they' don't know what to do with you, 18% described mood swings or personality change and 10% described it as a 'life sentence', 'untreatable' or as having 'no hope'. Other responses appeared to indicate identity confusion ('I don't know who I am') or deficits in emotional development ('I didn't develop emotionally as a child') and dissociative or

self-destructive tendencies, relationship difficulties, ('I'm angry and disappointed and not able to cope ") and relationship difficulties with some feeling 'tarred with a brush of being bad as well as mad' and being treated like 'outcasts'. Castillo's findings indicated that many participants felt they had been categorised as having enduring, inflexible and undesirable character traits which were untreatable and thus they were 'hopeless' cases. Participants also described feelings of alienation and reported stigma associated with the PD diagnosis from both society and the professionals tasked with caring for them. Castillo (2000,2001,2003) also researched her participants experiences of professionals working with PD and those practitioner attitudes documented in the prior section were interpreted by the participants as 'not deserving of attention'. By way of explanation for behaviour, many participants pointed to childhood traumata as covered earlier however, few felt they were receiving any validation or treatment in how to deal with this. Castillo's research projects concluded that patients with PD diagnoses were aware of negative practitioner perceptions, confused by their diagnoses, excluded from services, denied treatment and were very aware they were treated differently to other mental health service users.

## **The Politics of Personality Disorder in the UK: No Longer a Diagnosis of Exclusion?**

The long-standing issue of PD serving to exclude people from services and engendering negative attitudes from practitioners has put PD on the UK political agenda over the last ten years (Parnell, 2010) most notably in the policy document *Personality Disorder: No Longer a Diagnosis of Exclusion* (NIMH (E) 2003). Another government initiative which also confirms the long-standing negative perception practitioners may have of this group was government introduction of the '*Knowledge and Understanding Framework*' (KUF) which is an initiative providing professionals with better skills and understanding in order to work with this group of individuals. However, policy makers in the UK (DoH, 2003; NIMH(E) 2003c) also concede to the problematic of PD:

*'Despite over two decades of extensive research, psychiatrists and psychologists remain divided as to how these disorders should be conceptualised. ....in addition, clinical and research methods for diagnosing personality disorders diverge and the level of agreement between schedules is generally very poor'*

Moran (2002:1)

Despite which research funding increases to better understand PD's epidemiology and facilitate services for treatments which are being developed (Department of Health, 2003) though efficacy research is inconclusive (Stanislow & Glashan, 1998) which conflicts with government priorities such as 'evidence' and 'efficacy' based practice (Proctor, 2010). In a review of treatment for severe PDs comparison of findings was confounded by different criteria describing PDs and inconsistent measures, thus recommendations based on efficacy could not be made, though the authors recommend future research required better definitions of PD (Warren et al., 2003). Lack of treatment is often implicated in PD discourses concerning 'early intervention' (Bleiberg, 2001) which is commanding significant UK mental health research funding with little evidence for its efficacy (Pelosi, 2008).

Conceptual confusions and problematic definitions also blight any research into children suspected of developing PD (Freeman & Reinecke, 2007) which brings questions about UK propositions for 'Emerging Severe Personality Disorder' (Vizard et al., 2004) in that, if we have such difficulty in defining, researching and treating adult PD, how might we define, research and treat those groups in which it is suspected of 'emerging'?. Particularly, when these proposals ostensibly embrace the UK political climate in the therapeutic professions towards 'evidence-based practice' or 'efficacy-based' treatments (House & Loewenthal, 2008) via 'early intervention' (Allen, 2011).

Though, before those ESPD proposals could be made concerning children and serious violent or sexual offending, the factors and developments briefly stated here can, in the case of adults with PD diagnoses and a history/risk of violence, be seen as culminating in a significant intervention by the government via their proposals for the 'Dangerous and Severe Personality Disorder' programme.

### **The Politics of Personality Disorder in the UK: Dangerous and Severe Personality Disorder**

The UK government intervention into personality disorder and violence somewhat ironically, made potentially permanent exclusion from society a very real outcome for some recipients of PD diagnoses in the UK, in the form of preventative detention under the 'Dangerous and Severe Personality Disorder' provision (DoH, 1999). Similar to the arguments of Danziger (1990) Anthony Madden (2007) asserts that the UK could not have had the Dangerous and Severe Personality Disorder Term (DSPD) and pilot programme (DoH, 1999) without the growing popularity of the psychopathy checklist (Hare, 1993, 1997) and the highly publicized Lin Russell murder. The accused, Michael Stone was reported in the press as having been refused psychiatric treatment and services due to having an untreatable personality disorder (Seddon, 2007). Seizing on assumed public outrage (Parnell, 2010)



Home Secretary Jack Straw stated the responsibility for this laid with the psychiatric profession:

*Quite extraordinarily for a medical profession, they have said they will only take on those patients they regard as treatable. If that philosophy applied anywhere else in medicine there would be no progress whatsoever. It's time, frankly, that the psychiatric profession seriously examined their own practices and tried to modernise them in a way that they have so far failed to do.*

(Hansard 26 Oct 1998)

However, a report written in 2000 which was only published in 2006 due to legal challenges by the Independent Inquiry into the care and Treatment of Michael Stone concluded that services had not refused to treat Stone and it was in fact his own psychiatrist who brought him to the attention of the police (Francis et al., 2006). The failure of the government to release this may have perpetuated assumptions concerning violence risk and PD and refusal of psychiatrists/services to intervene (Parnell, 2010) which were the main arguments for the DSPD pilots (Seddon, 2007).

The green paper *Managing dangerous people with severe personality disorders* (Home Office/Department of Health, 1999) proposed development

of new legislation and development of services for individuals who may pose a serious danger to others as result of their PD. Subsequently, reforms to policy on the clinical management of personality disorder and significant changes to the Mental Health Act were recommended by The National Confidential Inquiry and the Department of Health (DoH, 1999; 2001). This led to fierce debate concerning the proposition for new powers of detention under a new category of 'Dangerous and Severe Personality Disorder' (DSPD) (Department of Health 2003).

Most importantly for the current study is the understanding that DSPD was a term created by policy makers (DoH, 2004) and is not a recognised diagnosis as it has been erroneously referred to by academics and commentators since its conception (e.g. White 2002). Therefore it should be clarified that:

*'The term Dangerous and Severe Personality Disorder (DSPD) is not a diagnosis, it is a working title used to describe a programme of work to develop better ways of managing the very small number of people with personality disorder who, because of their disorder, also pose a significant risk of harm to others'*

(Home Office, Her Majesty's Prison Service & Department of Health, 2004)

And that small number of males were assessed on a particular criteria using the psychopathy checklist (See appendix v) have been described as exhibiting:

*"... dysfunctional traits of personality disorder such as impulsivity, hostility, irritability, anger, egocentricity, dependency, lack of empathy, lack of perspective taking, cognitive distortions and relationship problems... they may present with a variety of other clinical problems such as mood disorder, anxiety and post-traumatic stress. Finally, they are likely to present with specific criminal and antisocial behaviour or lifestyles. "*

(O'Rourke et al., 2003: 9)

Although the term DSPD was explicitly intended to describe a pilot programme of work, without reference to the individual or diagnosis, gradually in academic and other commentaries, those individuals meeting the DSPD pilot criteria began to be referred to as 'having' DSPD (Vizard et al., 2004) and DSPD began to be referred to as a diagnosis (see White, 2002).

Again, conceptual confusions blighted this terminology as consultation documents referred to '*Managing Dangerous People with Severe Personality Disorders*' (DoH, 1999) whose PD was assumed to be 'functionally linked'

to their violence/violence risk when there is no way of measuring 'dangerousness' (Sarbin, 1969). Functional links made between PD and violence are virtually impossible to evidence (McMurrin & Howard, 2009; Malatesti & McMillan, 2010). Currently psychiatric standardised assessments of future violence risk prediction in those with psychopathy, using tests like the PCL-R-V have been evaluated as less than chance (Coid, 2013) and this made the DSPD proposals particularly controversial in that they allowed for detention of individuals with PD diagnoses that met the DSPD pilot criteria but had not actually committed a violent offence (Seddon, 2007). In a systematic review on the detention of those thought to have met the criteria, the lack of clarity over the DSPD term was cited as a possible factor in the finding that six people may require preventative detention to prevent one violent act (Buchanan & Leese, 2001) causing considerable political objection across political parties (House of Lords & House of Commons, 2005).

Psychiatrists also objected to DSPD proposals. They were concerned that their role might be focused more on public protection than care of the patient. This contravenes General Medical Council guidelines (Haddock et al., 2001). This was due to the fact the DSPD proposals announced significant changes to the treatability clauses in the Mental Health Act (1983) which formerly stated that individuals could not be detained under section if they are not

deemed medically treatable. Later the government announced that they would clarify the treatability clause with regard to PD via a wider concept of 'appropriate treatment' as basic care (Dillon-Hooper, 2006; Bowers, 2002) as there is no consensus on how to measure/assess treatability (Stansilow & McGlashan, 1998; Sainsbury et al., 2004). Large-scale research reviews into studies of treatment for severe PD have been difficult to evaluate as all studies used different criteria to describe their participants (Livesley 2001). Furthermore the reviews showed that researchers used incomparable measurements for outcomes (Warren et al, 2003). Other reviews indicated that there was no evidence that any model (Paris,1992) had capacity for reducing the risk associated with people who are deemed 'dangerous' and had a PD diagnosis (Burke & Hart, 2000).

In terms of practitioner attitudes towards people with personality disorders and a history of violence Len Bowers' (2002) interviews with psychiatric nursing staff in a high-security hospital DSPD unit suggested that those nurses who had positive attitudes expressed respect for their patients and were better able to invest in relationships with them and positive attitudes correlated positively with the ways in which staff managed their reactions to patients, understanding and their own moral commitments to their work with this population. Furthermore a later longitudinal study on a prison-based DSPD unit (Bowers et al., 2005; 2006b) concluded that positive change

events were strongly influenced by prison staff maintenance of a positive attitude towards DSPD unit prisoners and understanding patients difficulties, being able to make relationships with prisoners and a strong belief in a good therapeutic relationship with those DSPD unit prisoners.

The importance of maintaining these positive attitudes, and the importance of understanding from staff tasked with working with people with a personality disorder diagnosis who have offended, has been illustrated in the rare, but insightful investigations into DSPD unit patients/prisoners feedback in which the most valued qualities in staff were ‘caring and understanding’ and ‘experience’ (Ryan et al., 2002:254). Similarly, forensic and PD diagnosed people who have offended said motivation for engagement in treatment was reliant on feeling contained by confident staff and professionals tasked with psychological interventions (Sainsbury et al., 2004). Taken together these insights from research findings would suggest that the interpersonal approach and attitudes of staff towards this group are crucial for those individuals engagement in services and treatments.

Another insight of particular interest to the present study, which concerns children who may be hard to find placements for (Epps, 1999) came from Dr Jose Romero-Ucaly of the PD directorate at Broadmoor High Security Hospital and consultant Forensic Psychiatrist on their DSPD unit (until it was

disbanded) who told this author ‘we were very proud of the work we did with the DSPD unit, though problems did arise when we had to reintegrate those individuals back into the community services because no one wants to take on someone labelled DSPD’ (Personal communication, April, 2012). This appears to reflect the findings in research reviews that

*‘Mentally disordered offenders are often treated differently from other groups and consequently they experience discrimination and social exclusion, limiting opportunities for recovery and integration’*

(Coffey, 2006:74)

The DSPD programme received mixed reviews after it was disbanded (Duggan, 2007; Beck, 2010) though most review summaries seemed to indicate similar outcomes to prior PD research, that therapeutic treatment varied widely over DSPD sites, it was difficult to measure and compare outcomes as each participant had differing PD’s, pathways out of care were inadequate and ‘treatment’ mostly amounted to basic care (MOJ, 2011).

## **The Politics of Personality Disorder in the UK: Emerging Severe**

### **Personality Disorder in Childhood**

The DSPD programme, along with the political climate in youth crime mentioned in the preface provided the context for ‘Emerging Severe Personality Disorder in Childhood’ (ESPD) to be proposed. This section does not concentrate on ‘scientific evidence’ for ESPD nor is it intended to refute or interrogate that evidence, as these are the positivist projects of the proposers. Moreover, only one research study in ESPD has been conducted by its proposers, other than this present study, thus there is little evidence to critique. Instead, proposals and conference documents (Vizard et al, 2004; Hickey et al., 2007; Vizard, 2008; Vizard et al., 2009) are explored discursively (Billig, 1987) with attention to the rhetorical arguments for ESPD and any concerns about its meaning in the clinical context. This is an attempt at avoiding drawing on positivist arguments to refute certain claims, which can be problematic in DA studies, as our focus is not compatible with such approaches (Wetherell et al., 2001).

### **ESPD: Proposals**

In 2004 proposals were made for a new developmental disorder using the term ‘Severe Personality Disorder Emerging in Childhood’ (Vizard et al., 2004) which was later referred to as ‘Emerging Severe Personality Disorder in Childhood’ (Vizard, 2008) then ‘Emerging Severe Personality Disorder traits



in childhood' (Vizard et al., 2007) and as both 'Early Severe Personality Disorder' and 'Early Severe Personality Disorder traits' (Vizard et al., 2009:17). Most frequently 'Emerging Severe Personality Disorder' was used along with its acronym ESPD which was employed in the first research study employing this concept (Hickey et al. 2007) so that term was used throughout this study.

Proposals for ESPD integrated diagnoses of PD according to the DSM-IV-TR and the ICD-10 (APA, 2000; WHO 2003) and psychopathy (Hare, 1993) with a child development perspective (Vizard et al., 2004). In the only research study in which the ESPD term was appropriated (Vizard, et al., 2007) ESPD was described as 'the presence in childhood or adolescence of above average levels of both conduct disordered behaviour and psychopathic personality disorder traits' explaining the term 'emerging' is 'used to signify that at the time of assessment these traits were observed, but it is recognised they may not persist into adulthood' (p.62). The position paper discussed the more recent use of the concept of 'Severe Personality Disorder' (SPD) that is applied to adults showing serious antisocial and offending behaviours while drawing attention to the fact that there is no similar diagnostic classification for children showing similar behaviours (Vizard et al., 2004). The authors suggest the 'existing evidence base strongly supported the presence of a developmental trajectory from childhood to adult life for the small number of

children who show early signs of severe personality disorder' and that these vulnerable children 'go on to become high-risk, personality disordered offenders, some of whom are serious sexual offenders' (Vizard et al., 2004:17). It was also suggested that this 'omission from diagnostic nomenclature prevents the appropriate early identification, assessment and management of these young people' (Vizard et al., 2004:17).

The proposers then outlined existing positivist evidence for this developmental trajectory to make their case, asserting that the clinical and financial ramifications of severe PD are well known, citing public health perspectives and 'gains to the public purse' in identifying and intervening early in suspected cases of childhood onset of severe PD (Vizard et al., 2004:17) stating research was needed to 'identify appropriate interventions for the small number of children and adolescents who are on this developmental pathway with all of the associated costs for public funding and immeasurable consequences for victims' (Vizard et al., 2004:26). The authors concluded their arguments with the assertion that 'a critical research effort must continue to be the creation of a new, evidence-based definition of early-onset severe PD so that those at risk can be differentiated from other offenders' (Vizard et al., 2004:26).

The first position paper also relates these proposals explicitly to the DSPD programme and appears to present DSPD as a form of disorder rather than a programme of intervention as there are several references to DSPD as something an individual may 'have' with an aetiological origin. From a discourse analytic perspective, this illustrates how certain terms and phrases can become reified (Potter, 1996). For example the proposers give a Home Office definition of DSPD, while reminding the reader that the definition only applies to individuals over 18 years old and introducing that definition by stating 'A recent Home Office consultation document referred to individuals *with* DSPD as follows' while suggesting that 'the early origins of DSPD are not addressed despite an evidence base confirming life course persistence of such behaviours' (Vizard et al., 2004:19 *my italics*). Any evidence which may indicate otherwise (see Skodol et al., 2007) is not reviewed and it is unclear as to why DSPD is treated like a diagnosis. This continues in later papers, where the principal proposer refers to the way 'government initiatives have invested in secure facilities for adults with 'Dangerous Severe Personality Disorder' (Vizard, 2008:389). This kind of use of the DSPD term, which has been seen in other academic papers (White, 1999) not only misappropriates the term but also homogenises that group.

Vizard and colleagues (2004) argue that 'the case for a developmental conceptualisation of severe and enduring personality disorder is therefore

based on the common-sense notion that such difficulties do not ‘start’ at the age of 18 without prior manifestation’ (p.23) and discuss comorbidity of particular diagnoses in children who are at risk of SPD/DSPD in adulthood drawing together evidence for this in the links made in diagnosis of ‘Conduct Disorder’ or CD in children (APA, 2000:98) which has subtypes of childhood-onset, adolescent-onset or unspecified-onset (APA, 2000:9) and future development of Antisocial Personality Disorder or ASPD in adults (APA, 2000:701).

Conduct disorder itself though is not considered a PD as it is diagnosed by behavioural rather than interpersonal and affective criteria (Carr, 2010). The criteria for ASPD diagnosis includes the requirement that the individual had a diagnosis of CD before 15 years old, though an individual can still receive an ASPD diagnosis without that prior diagnosis (APA, 2000:706). The proposers for ESPD also suggest there may be, in addition to CD, high levels of comorbidity of Attention-Deficit/Hyperactivity Disorder (ADHD) and low intelligence quotient (IQ) in those children later diagnosed with ASPD (Moffitt, 1993, 2001 in Vizard et al., 2004). In brief, ADHD is another behavioural disorder said to be characterised by persistent patterns of inattention and/or hyperactivity-impulsivity that is more severe than that observed in others at a comparable stage of development (APA, 2000:85) and there are sub-types in the DSM noted as ADHD, combined type which is what

most of those children are diagnosed with while the remainder are assessed as having either ADHD, predominantly inattentive type or ADHD, predominantly hyperactive-impulsive type (APA, 2000: 87). Both ADHD and CD are common disorders diagnosed in child populations along with Oppositional Defiant Disorder (ODD) which is said to be characterised by persistent negativistic, defiant, disobedient and hostile behaviour towards authority figures (APA, 2000:100). Although there is a single conduct disorder category for those children under 15 who may show persistent behavioural problems such as violence or cruelty to people or animals or deceitfulness, theft and serious rule violation, these three diagnoses are also often collectively termed 'conduct disorders'. It is suggested approximately 40% of children with conduct disorders may develop ASPD as adults (RCPSYCH, 2013).

However, those childhood conduct disorder diagnoses are also considered rather controversial for several reasons, firstly in a similar fashion to the adult PD types, there is considerable overlap between the conduct disorders (Carr, 2010) as well as there being issues of gender and class bias in diagnosis (Folz, 2008) and those diagnoses are heavily dependent on individual clinical judgement (Evans et al., 2011). Secondly, their criteria have changed rapidly in the DSM editions (Harwood, 2005) the first DSM stating these are 'transient situational personality disorders' and subsequent editions see continual differences, similarly to those of ASPD definitions with criteria

such as ‘swearing’ being added or deleted at particular times without research studies to support it (For a historical review see Mallett, 2006). Thirdly, there are well documented links between particular pharmaceutical companies and their drugs to ‘treat’ conduct disorders which is said to be implicated in their growing prevalence (Breggin, 1996). These issues with conduct disorders has seen them criticised for many years as ‘psycho-technologies’ for social control (Brown, 1975; Cohen, 1975; Foucault 2003) and therefore considered as worthy topics for discourse analytic critique (Graham, 2005).

The first study employing the ESPD terminology, but referring to it as ‘ESPD traits’ was funded by the Home Office and was linked to the DSPD service. The research report *‘Links between juvenile sexually abusive behaviour and emerging severe personality disorder traits in childhood’* (Hickey et al., 2007) using data from retrospective file reviews investigated whether the age of onset of sexually abusive behaviour (SAB) could distinguish distinct sub groups of juvenile sexual abusers (JSA’s). These were termed early onset (before 11 years old) and late onset. The study also investigated whether a subgroup could be identified ‘on the basis of emerging severe personality disorder traits’ who were said to have ‘marked conduct disorder and psychopathic personality disorder traits’ (Hickey et al., 2007: i). Though it is not clear what ‘marked conduct disorder’ is and as the authors of that study illustrate, there is currently no adult psychopathic personality disorder (PPD)

in any diagnostic nomenclature (APA 2000; WHO, 2003). Instead, the criteria for this is taken from Hare's (2004) psychopathy checklist youth version to measure interpersonal traits such as manipulation, affective trait deficiencies such as callousness and behavioural traits such as impulsivity (Hickey et al., 2007). Although, regardless of psychopathy and its associated features being unlikely to emerge suddenly in adulthood it should be reiterated that the PCL-R-YV should not be used to diagnose youth as psychopathic (Salekin & Lynam, 2010) as high scores require evidence that behaviours and traits are extreme across substantial time periods and contexts (Malatesi & McMillan, 2010:100). It is unclear how this was evidenced in children from age 5 and when the mean age in the study was 13 (Vizard et al., 2007).

The authors of the ESPD study then go on to detail how these diagnoses of ASPD and 'psychopathic personality' are rarely applied to children and adolescents despite the traits associated with them being unlikely to emerge in adulthood and they draw on their own proposals for a developmental trajectory understanding of that emergence while acknowledging that the model includes potential for resilient children, and those who receive appropriate treatment to move off that trajectory towards those adult diagnoses, though no treatments are specified (Vizard et al., 2004). However, the authors contend that more valid and reliable methods for assessing particular traits in young people are required and that due to certain trait such as impulsivity being a trait observed in 'normal' adolescents 'clear

developmentally appropriate definitions' of those traits must be developed (Hickey et al., 2007:6).

The study indicated that the 'ESPD group' were more likely to have early difficult temperaments, more insecure attachments, inconsistent parenting, placement disruption and parents with mental health problems (See Bowlby 1988; Epps, 2006; Straussner & Fewell 2011). In addition within the identified 'ESPD group' sexually abusive behaviour was viewed as more premeditated and predatory and their conviction rate was almost double that of the 'non-ESPD group' (Hickey et al., 2007).

### **ESPD: Labelling Issues**

With respect to potential labelling issues due to the appropriation of PD or 'psychopathy' terms in ESPD, authors contend that there are ethical, methodological and developmental concerns regarding extending the ASPD and PDD constructs downwards to children (Marsee, Silverthorn & Frick, 2005 in Hickey et al., 2007) as psychopathy is frequently correlated with poor treatment prognosis (Blair et al., 2005) and PDs traditionally exclude adults from mental health services (Livesley, 2001). The authors further conclude that these issues are the primary deterrents for labelling children using these constructs (Hickey et al., 2007). However, one of the proposers argues that:



*‘Clinicians do not routinely assess aspects of a child’s personality as part of a mental health examination’ and she acknowledges this may stem from a fear of ‘labelling’*

(Vizard, 2008:389)

though this potentially confounding issue is not explored any further.

Indeed, practitioners did demonstrate concerns regarding labelling children with potentially stigmatising labels to describe a range of overlapping symptoms, diagnoses and behavioural difficulties at the 2007 ‘*Early Intervention in Personality Disorder*’ conference in London (Vizard et al., 2009:32). The seminar was commissioned by the Department of Health and brought together practitioners and academics working in the fields of childhood conduct disorders and antisocial behaviour. Concerns about possible effects of labelling were noted mostly in respect of the downward extension of ‘Psychopathy’ to children and concerns extended to the newer term ‘Callous-Unemotional’ or ‘Callous-Unemotional traits’ (CU) to describe suspected childhood-onset of psychopathic traits (Vizard et al., 2009:17). It was suggested by conference speakers that the CU term should be referred to as ‘Stress-resilient temperament’ to avoid stigmatisation and better reflect presentations which may not follow a stable developmental trajectory towards adult psychopathy (Vizard et al., 2009:18).

There were also associated concerns from practitioners regarding the use of the term 'High Risk/High Harm' to describe suspected ASPD traits in young people (Vizard et al., 2009:32). This was described by Vizard and Colleagues (2009) as a term to refer to 'children and youth who have traits consistent with early emerging antisocial personality disorder and who place an undue burden on services' and the conference report further explains that 'High Risk/High Harm' has double meanings in that it is intended to refer to both 'the risk suffered by these children or the harm that could be inflicted on them and also to the risk they pose to others or the harm suffered by others because of their antisocial behaviour' (p.4). There were issues noted by clinicians and delegates regarding this term, such as what concept was actually being identified in its usage and what type of harm was it actually identifying. Additionally, clinicians felt that there was a strong political drive towards intervening in harm towards others, when harm to self in those children often remained unaddressed (Vizard et al., 2009:25).

Although there was some agreement at the conference that researchers require a 'common language' in order to replicate findings, it was acknowledged there are arguments for and against labelling in a clinical context (Vizard et al., 2009). However, conference documents detailing delegates input indicated that the 'common language' was not only questioned in its negative overtones and potential effects but also, due to the adult constructs these terms

are associated with this 'common language' possibly had multiple meanings and possibly multiple definitions. Following from this the conference paper noted several clinical concerns, such as how it would be undesirable for a child to be labelled in a way that was more of a 'hindrance than help', there were issues raised concerning 'a label implicating a certain profile will lead to a particular attitude or outcome' and there were concerns that a child with a label of callous-unemotional traits might lead clinicians to think about adult psychopaths, and the prevailing attitude 'nothing can be done' though this was disputed by a number of delegates in attendance (Vizard et al., 2009:25) a significant majority of whom were working in these fields or were researchers with professional interests in these areas (Vizard et al., 2009, appendix i).

Further concerns noted were the possible adoption of a 'nihilistic' attitude by clinicians towards children labelled in such ways as it was felt by some that this 'was the case with adults who had severe personality disorders with psychopathic traits and by giving children similar labels surely we might be pushing them towards a hopeless future' (Vizard et al., 2009:32). Associated issues were raised concerning the fact that psychopathy is an adult construct and thus its validity was in question and there was concern regarding lack of 'evidence-based effective interventions for adult psychopaths many of whom are over-represented in secure units' (Vizard et al., 2009:32). Moreover, it

was agreed that there were no effective treatments for children regarded as displaying ‘Callous-Unemotional traits’ and labelling them as such without available treatments appeared to be a strong reason for refraining from doing so (Vizard et al., 2009). Throughout the conference report, the clinicians concerns that it was not always clear what each term was actually identifying appeared to be illustrated as the ‘Emerging’ SPD study (Vizard et al., 2007) was presented and referred to as ‘Early’ SPD without explanation (Vizard et al., 2009:17)

The authors of the conference report also acknowledged a caveat with regard to controversial labelling of children, which was that ‘the right terms in the wrong hands can still result in the pejorative use of an otherwise non-pejorative label’ though, as the current review has detailed, these terms are historically pejorative, even amongst psychiatrists (Lewis & Appleby, 1988) though the historical picture is side-stepped in the conference document by stating there was a difficulty in identifying a problem if common language is not used and they concluded that:

*‘creative solutions to the problem need to be generated, rather than fears about labelling leading to the topic being ignored, which is leading to both identification and the concomitant treatment not taking place’*

(Vizard et al., 2009:26)

Again, no evidence to support this view was offered in the report and it was later claimed there was good agreement amongst clinicians present that ‘individuals with signs of psychopathy (high levels of CU traits) in their personalities can be distinguished reliably from other adolescents’ (Vizard et al., 2009: 32) so it was unclear how that assertion that ‘fear’ of labelling was leading to the topic being ignored or children not being identified.

Interestingly, despite these issues being raised about labelling of children with controversial or pejorative terms drawn from adult constructs and diagnoses, there was no discussion noted concerning use of the term ‘Emerging Severe Personality Disorder’ or ‘Early Severe’ as it was termed in the conference report (which can be taken as an all-encompassing term covering children with both CU traits and high risk/high harm presentations). ESPD was not discussed even though the ESPD research was presented and it can be argued that the clinicians comments detailed above surrounding controversial labelling could all be just as easily extrapolated and applied to the ESPD term in its various guises, all of which may bring slightly different meanings which perhaps does not best exemplify the assertion that ‘a consistent language should be used’ (Vizard et al., 2009).

## **Chapter Summary**

This review attempted to detail some of the conceptual confusions and clinical discourses noted regarding personality disorder and psychopathy constructs which have been recently appropriated in proposals for ESPD. The review also noted where there has been a failure to explore any potential effects which may come about as a result of using the term ‘Emerging Severe Personality Disorder’ to label and describe certain children or young people’s clinical presentations. It is hoped this chapter has provided a context to the aims of the present study, which, is approaching ESPD as a discursive formation to explore how ESPD might become reified or function rhetorically and ideologically in practitioners talk by asking what ESPD might mean to practitioners, what it might say about these young people, their prognosis and potential treatments or care.

## **Methodology**

### **Introduction**

In the spirit of discourse analytic research aims to situate knowledge (Harraway, 1991) and knowledge production, this section traces the academic history and contexts which made such methodologies viable for psychological enquiries (Wetherell et al, 2001).

### **Methodology and Qualitative Research**

Methodology can be considered as the procedures of the research that ‘flows from one’s own position on ontology, epistemology and axiology’ (Ponterotto, 2005:132). Qualitative researchers tend to believe that methods produce knowledge rather than being strategies for revealing existing knowledge (Hollway *et al.*, 2007) and it has been argued that choice of methodology is tactically driven (Harper, 1994; Henwood & Pigeon, 1992) which may give space ‘to those whose accounts may have been marginalised or discounted’ (Willig, 2001:12). Thus the researcher intends to ‘develop understandings of the phenomena under study, based as much as possible on the perspective of those being studied’ (Elliot et al., 1999: 216). Practitioners potential beliefs and opinions concerning ‘labelling’ and the well-studied controversies with regard to ‘diagnosing’ personality disorders or ‘emerging’

personality disorders in children have been mentioned very briefly in ESPD propositions and associated papers (Vizard et al., 2004; Vizard et al, 2007) but these have not been explored before popularising this term in conferences for practitioners (Vizard et al, 2009). Although Stiles (1993) acknowledges differences in qualitative approaches, he has traced some common themes and features in these, describing the investigations as being reported linguistically rather than empirically using interpretation in results which are reported in context.

Qualitative and quantitative methods are erroneously assumed as competing with each other, when it might be better to think of them as addressing very different types of research questions (Silverman, 2000). We might say that quantitative methods hold a realist position, assuming that knowledge exists and can be quantified with statistical methods which, in terms of methodological advantage, is useful in hypothesis testing, standardising and generalising trends (Guba & Lincoln, 1994; Henwood & Pigeon, 1992). However, issues with this brought about the ‘crisis in psychology’ whereby much social psychological research was questioned and the discipline was, according to Ring (1967) falling into ‘profound intellectual disarray’ (p.119). Researchers began to acknowledge that statistical methods may be ‘essential where the subject of investigation is itself an aggregate ...but [not where] the subject is the individual’ (Yule, 1921 cited in Danziger, 1990:225). This crisis



continued throughout the 1970's with criticisms of the manipulation of variables, deceiving of participants and the production of reductive and irrelevant findings (McGuire 1973; Silverman, 1977) along with criticism of the links to the US cultural ideal of self-contained individualism whereby 'a substantial burden of personal and social responsibility for success or failure is placed on the individual within an individualistic perspective (Sampson, 1977:779). There are different perspectives on the crisis and its effects. Those who favour statistically inferential methods claim there was no crisis (Jones, 1985) while others believe the development of increasingly sophisticated methods resolved this (Reich, 1981). In the 1970s, social psychologists challenged cognitivism (Gergen, 1989) and in the 1980s the 'turn to language' saw DA introduced into 'mainstream' psychology (Parker, 1992).

### **The discursive turn in psychology**

Critical Discursive Psychology (CDA) approaches in DA have been influenced by psychology's 'turn to language' in the 1950's (Woolgar, 1988), the 1960's - 1970's (Parker, 1992) and beyond that into the 'discursive turn' in the 1980's and 1990's (Parker, 2004). This turn towards the 'discursive' was epistemologically influenced by hermeneutics, linguistics, post-structuralism and ethnomethodology (Wetherell et al, 2001). The philosophical underpinning of the movement could be said to be found in hermeneutics via Aristotle's *De Interpretatione*, one of the earliest Western

philosophical works to deal with language in a formal way (Whitaker, 1996). There was also major contribution from George Herbert Mead (1934) on 'symbolic interactionism' which placed importance on symbols (such as language). This led to focus on the micro-processes of 'interaction order' (Goffman, 1955, 1983; Garfinkle, 1967) and Conversation Analysis (Sacks 1964, 1972).

During the 1960's two seminal texts on the function of language, Austin's (1962) *How to do things with words* and Searle's (1969) *Speech Acts: An Essay in the Philosophy of Language*, implied that discourse might be better studied in the context of social action/practices. It was this interest in the performative and functional use of language, or its constitutive aspects with which academics began to challenge the positivist-empiricist conception of knowledge, for example Wittgenstein's (1963) *Philosophical Investigations* into 'language-games' though there have been debates that this influence was preceded by the works of Emmanuel Kant and Friedrich Nietzsche amongst others (Edley, 2001). Although it was Saussure's (1983) semiology which made way for poststructuralists, like Michel Foucault (1972).

Michel Foucault's relativist works questioned the 'truth' of taken-for-granted subjectivities and cultural representations by placing a specific focus on how

subjects and social reality are historically situated. This culminated in what Donna Haraway (1992) later termed 'situated knowledge's'. Haraway, drawing from Foucault, explores how all knowledge is culturally, historically situated and thus how particular knowledge's are dependent on the socio-historical climate in their development and construction. This is a 'top-down approach' which attempts to identify wider cultural representations and subjectivities which circulate through everyday discourse, showing how power operates and how dominant representations can reproduce inequalities and have social consequences.

### **The concept of discourse**

According to Link (1983) discourse can be defined as an 'institutionalised way of talking that regulates and reinforces action and thereby exerts power' (p.60). To this Jäger & Maier (2009) add that discourse is a 'flow of knowledge throughout time' and different discourses are 'intimately entangled' forming the 'giant milling mass of overall societal discourse' (p.35). This connects to power, an example of which can be seen in the complex ways that discourses 'delineate a range of 'positive' statements which are possible while simultaneously inhibiting a range of other statements (Link & Link-Heer, 1990 cited in Jäger & Maier,2009). We might add to that in this context that, at any given time, some realities are more

possible than others, which is what Rose (1990) argued as making 'new sectors or reality thinkable or practicable' (pp.105-106).

Link (1992) further claims discourses are fully valid material realities among others, therefore discourse cannot be reduced to a 'notion of 'false consciousness' or a 'distorted view of reality' as in Marxist approaches to 'ideology critique'. Importantly then, DA is not the 'retrospective analysis of allocations of meaning but also the analysis of the on-going production of reality through discourse conveyed by active subjects' (Jäger & Maier, 2009:37). Many discourse theorists adopt a critical relativist view; assuming there are no objective grounds on which the truth of claims can be proven proposing that the value of knowledge should be evaluated according to criteria like usefulness (Potter, 1996). Whereas critical realists agree that knowledge is always mediated by social processes, whilst acknowledging underlying structures do exist (Parker, 2002).

### **Discourse Analysis**

DA examines language in use, rather than the psychological phenomena, which traditional research assumes can be objectively revealed through it (Wetherell et al., 2001). It is a social constructionist approach which assumes reality and identity are constructed and maintained through systems of meaning and social practices (Gergen, 1985). Haraways (1991) situated knowledges concept is derived from a social constructionist perspective

(Gergen, 2009) which as a theory of knowledge is positioned against essentialist assumptions that knowledges are trans-historical essences of human judgement (Hacking, 1999). Thus, social constructionist perspectives focus on the ways in which individuals and groups participate in the construction of a perceived social reality by uncovering the way social phenomena, like knowledge are created, institutionalised and accepted by humans (Gergen, 2009). Importantly, from this viewpoint language and talk are not seen as tools to merely describe things or facts, but to convey beliefs about them (Hacking, 1999). Parker (1999) calls DA ‘practical deconstruction’ of these systems reversing the priority given to certain concepts and which ‘locates those concepts in certain relations of power and supports resistance on the part of those subjected to them’ (p.105).

There are several schools of thought in DA, including Foucauldian (FDA), DP Discursive Psychology (DP) and critical discursive psychology (CDP). The central tenets of each have been drawn upon in this current study in ways which are appropriate for the current investigation. DA does not have a standardized set of methodological principles (Billig, 1987) therefore it can be considered as somewhat more paradigmatically incoherent than some other qualitative approaches (Coyle, 2007). As Graham (2005) argues DA is a ‘flexible term’ (p.2) which is dependent on what the analyst is researching. This ‘flexibility’ is important in respect of claims to truth and power within the prescribing of

methods which enable some knowledges and disable others. Thus, DA might be 'best understood as a field of research rather than a single practice' (Taylor, 2001 in Graham, 2005). Moreover, the methodological principles of this research are in line with Teo (2009) in that the methodology is not considered 'independent from the subject matter and independent from the socio-historical context from which it emerges' (p.44). This field of research is also made up of different epistemological elements which may be:

*'combined in a variety of ways to produce different types of analysis that focus on a particular range of practices and issues. They are not part of a method to be applied, but resources in an interpretative art'*

(Edwards and Nicoll, 2001:106).

### **Foucauldian Analysis**

FDA (and dispositive analyses) aims to identify the knowledges contained in discourses to reveal how these knowledges may be connected to power relations in power/knowledge complexes to subject them to critique (Wodak and Mayer (2009). As Jäger and Maier (2009) explain 'Dispositives can be understood as the synthesis of discursive practices (speaking/thinking on the basis of knowledge), non-discursive practices (acting on knowledges) and

materialializations (material products of acting on the basis of knowledge)’ (p.35).

The Foucauldian critical approach to power is not ideological, because ideology makes claims to absolute truths (Althusser, 1971) thus it should be recognised foucauldian critique does not exist outside discourse and therefore any invoking of rights or values brought forward by the Founcauldian analyst must be acknowledged as being discursively constructed (Parker, 1995). This then differs from Marxist false consciousness and the fetishism of commodities which stipulate that social existence determines consciousness (See Fish in Parker, 1999). Foucault’s works reverse this emphasising the materiality of discourse (Link, 1992 in Wodak & Mayer, 2009). So discourses can be understood as material reality (Foucault, 1977). As Jäger & Maier (2009) assert, Foucauldian Analysis deals with material realities, not ‘mere ideology’ (see Althusser, 1971) discourses produce subjects and reality and as they sum it up:

*‘discourses exert power because they transport knowledge on which collective and individual consciousness feeds. This knowledge is the basis for individual and collective, discursive and non-discursive action, which in turn shapes reality’* (italics in original p. 39).

The interaction between discursive and non-discursive practices and materializations is referred to as a *dispositive* (Wetherell et al., 2001). As Foucault explains in the *Archaeology of Knowledge* we can consider discourses to be ‘practices that simultaneously form the objects of which they speak ‘ (Foucault 2002:54) and he refers to the non-discursive practices that also play a role in forming objects as ‘discursive relations’ (p.50). However, Foucault never solves the problem of discourse and reality (Langdridge, 2007). Foucault further suggests if a discourse changes the object can become ‘discursified anew’ (Jäger & Maier,2009: 43) Thus the object turns into another object. Foucault (2002) does not define objects with reference to the ‘ground foundation of things’ (p 53) but relates them to the ‘body of rules that enable them to form as objects of a discourse and thus constitute the conditions of their historical appearance’ (p. 53). Though as Jäger and Maier (2009) point out Foucault becomes confounded at this point as he fails to conceptualise subject and object, society and discourse as connected by activity or non-discursive practices (Hollway et al, 2007). Other theorists have therefore argued that ‘Foucault drove himself into a blind alley when he first conceptualised the formations of the of the order of history as orders of knowledge (epistemes) and then conceptualised them as orders of speech (discourses), instead of assuming an order that is shared by all behavioural registers of people’ (Waldenfels, 1991 in Wodak & Mayer 2009). We may overcome these issues by drawing on Leontjev’s activity theory-based



understanding (which was not in existence at the time of Foucault's writing) of materializations and non-discursive practices as realisations of discourse (Bublitz 1999 in Jaiger & Maier, 2009). However, issues of causality remain contentious (Fairclough et al, 2004).

There are basic distinctions made in FDA between *special* and *inter* discourses, the latter being scientific discourses and the former non-scientific with a continuous flow of elements of the former into the latter (Wodak & Meyer, 2009). Each *discourse strand* consists of a multitude of elements often referred to as *texts/discourse fragments* and the combination of these fragments form a strand which has a history, present and future and analysis of those periods over which these develop are referred to as *archeologies* or *genealogies* (Wodak & Meyer, 2009). There are slight differences between discourses and strands in that discourses are an abstract concept located at statement level the strands, in contrast, are conceived of as being at the 'concrete utterance level' with synchronic dimensions, when cut through at particular discursive events analysis can highlight changes/continuities of the strands over time (Wodak & Mayer, 2009). However, each topic has a genesis, so the analyst must reconstruct the genesis of the topic (Foucault, 1980). Each discourse delineates a range of statements that are 'sayable' and inhibits others (Wetherell et al., 2001). These are 'discursive limits' and

through the use of certain rhetorical strategies these can be extended or narrowed (see Wodak & Meyer, 2009).

Discourse entanglements can take the form of one text addressing several topics or one topic (Wodak & Meyer 2009). Statements where several discourse strands entangle is a *discursive knot* (Link, 1983 in Wodak and Meyer, 2009). In this theoretical perspective all events are rooted in discourse (Wetherell et al,2001), however it is only a ‘discursive event’ (Graham, 2005) if it appears on the *discourse planes* of politics and media intensively, extensively and for a long period of time (Link & Link-Heer, 1990 in Wodak & Meyer, 2009) like the Bulger Murder (Smith, 2010).

### **Discursive Psychology**

Another approach, discursive psychology (DP), drew upon linguistic philosophy, semiology, the sociology of scientific knowledge, ethnomethodology, conversation analysis and rhetorical work in psychology (Wiggins & Potter, 2008). DP is primarily concerned with discursive practices, that is to say, with the ways in which speakers in everyday and institutional settings negotiate meaning, reality, identity and responsibility.

Discursive psychology draws from Austin (1962) in its approach to the constitutive function of words or the action language performs. It is a micro

approach (Edwards 2007 in Hollway et al., 2007). One particular area of interest to discursive psychologists is the ways in which certain rhetorical strategies in talk are accepted as factual by speakers who have stakes in the outcomes of what they are saying (Edwards & Potter, 1992). DP comes from the epistemological position that truth is 'always contingent or relative to some discursive and cultural frame of reference' (Wetherell, 2001:61-392) which is a relativist position (Parker, 1997) and critique of cognitivism (Willig, 2007). However, there have been arguments that the relativist position ignores extra-discursive factors and are not compatible with 'realism' (Nightingale & Cromby, 1999). Though such criticisms have been rebutted in arguments suggesting:

*'Like Foucault, discursive psychologists are not denying the existence of a material world or that this materiality may have unavoidable consequences for people. But they are pointing out that, once we begin to talk about or otherwise signify or represent the material world then we have entered the realm of discourse; and at that moment we have engaged in social constructionism'*

(Burr, 2003:91 italics in original).

## **Critical Discursive Psychology**

The Critical Discursive approach used in the present study (Wetherell, 1998; Edley and Wetherell, 1999, 2001) focuses on:

*‘The situated flow of discourse, which looks at the formation and negotiation of psychological states, identities and interactional and subjective events. It is concerned with members methods and the logic of accountability while describing also the collective and social patterning of background normative conceptions’*

(Wetherell, 1998:405)

Potter and Wetherell (1995) acknowledge that there are differences in FDA and DP but say that these should not be ‘painted too sharply’ (p.81) while recommending a ‘productive synthesis’ of the critical realist and critical relativist approaches (Wetherell, 1998). This provides a more integrated methodology for analysing different levels of discursive action (Wetherell, 1998) while perhaps going some way to rebutting the individual criticisms of each (Edley, 2001). However, that debate is a continuing one. The negotiation of those tensions within each have been suggested to bring about a productive discursive emphasis on action orientation in local interactions between participants and researcher (DP) while also illuminating where discourses have a history to interrogate the

power relations and positions within (FDA) them (Parker, 1992). This approach was particularly suited to the ESPD topic as analysis concerns local interactions but also a concept derived from diagnostic constructs, all of which have particular discursive histories within specific times, events and socio-political contexts. Through this productive synthesis, the present analysis can attend to both the discourse *processes* and the discourse *resources* in the data (Wetherell et al., 2001)

### **Rationale**

The link between language and psychotherapy cannot be overstated and the role of talk in therapeutic change was perhaps best illustrated by Freud's 'talking cure' (Ellenburger, 1970). In this respect, a CDP approach with its strict focus on the function of language in the construction of reality has a particular value for the field of mental health and in particular, the 'social action' of doing psychotherapy and counselling (Austin, 1962; Searle, 1969). In the field of counselling and psychotherapy DA studies have interrogated the ways agency and meaning are transformed in therapy, rhetorical justifications of blame/responsibility in psychotherapeutic relationships, power relations in therapist constructions of patients accounts and the role of hegemonic discourses in therapeutic intervention (Avdi & Georgaca, 2007). Further discourse analytic

interrogations of power relations in mental health research spans the psychiatric subject (Roberts, 2005), interrogative explorations of the historical trajectories of clinical and diagnostic categorization (Hepworth, 1999), ways in which professionals construct clinical cases and justify their practices (Griffiths, 2001; Stevens & Harper, 2007; Craven & Coyle, 2007) and the construction of mental health/illness in policy documents and texts (Harper, 2004, 2006). Moreover, such studies highlight the constraints imposed on 'reality' by hegemonic discourses in mental health by highlighting their effects on those subject to them. Interrogation of these power relations may help to bring forward alternative constructions affording those subjects empowerment and perhaps helping practitioners and policy makers move towards a more 'ethically just' psychotherapeutic practice (Parker, 1999).

The rationale for this piece is a combination of Potter (2003) and Parker (1992) in that it is interested in how actions are performed in discourse and the reframing of psychological concepts in discursive terms to explore how statements construct an object. This study assumes that to 'tackle the ideological function of a science' and its rhetorical functions (Billig, 1988) in this case ESPD with ESPD following Graham (2005) 'in order to reveal and modify it' one should 'question it as a discursive formation' which involves mapping the systems by which particular objects are formed and the kinds of 'enunciations implicated'

(Foucault, 1972:205). As Foucault (1980a) further suggests “for it really is against the effects of the power of a discourse that is considered to be scientific that the genealogy must wage its struggle” (p.84) The present study is not intended to be ‘a battle on behalf of the truth’ by debating the ‘philosophical presuppositions that may lie within’ that truth nor the ‘epistemological foundations that may legitimate it’ (Foucault, 1972:205). Therefore, the objective of the current study is not to consider whether ESPD is ‘real or true’ as the claim to truth can itself be a powerful rhetorical practice (Edwards and Nicoll 2001:105). Instead, the present study is interested in how ESPD’s *objects might become formed* in practitioners talk. Similarly to Linda Graham (2005) who operationalises Scheurich’s (1997) use of Foucault’s discursive/technological grid which is ‘ontological and epistemological; it constitutes both who the problem group is and how the group is seen or known as a problem’ (p.107) to highlight ESPD’s ‘effects in the real’ (Foucault, 1980a:237).

## Method

### Introduction

This chapter presents the method employed covering recruitment, sampling, ethics, data collection, analysis and evaluative criteria. Decision-making is intended to be as transparent as possible.

### Participants

The fourteen participants were multi-disciplinary practitioners working in therapeutic services with children/adolescents with behavioural/mental health needs and youth justice interventions. Demographics are presented as participant's described.

*Table 1*

Practitioner	Service
Clinical Psychologist	Secure Children's Unit and Forensic CAMHS
Consultant Child and Adolescent Psychiatrist	Secure Children's Unit and CAMHS service
Senior Therapeutic Intervention practitioner	Children's Secure Accommodation Unit
Community Psychiatric Nurse and ex - Youth Offending Institution Mental Health Nurse	Community CAMHS



Counselling Psychologist and Clinical Supervisor	Local Authority Children, Youth and families services
Consultant Clinical Psychologist	Forensic CAMHS and Secure Children's Home
Residential Social Worker and therapeutic group worker	Secure children's residential unit
Counselling Psychologist and family therapist	Social services
Consultant Forensic Psychiatrist and ex - Youth Offending Institution Psychiatrist	NHS
Care and Sentence Planning Manager and Senior Practitioner	Children's Secure Accommodation Unit
Senior Counsellor, Psychotherapist and Therapeutic group worker	Secure Children's Home
Senior Specialist Practitioner	Secure Accommodation Unit
Consultant Child and Adolescent Forensic Psychiatrist	Specialist Forensic CAMHS
Child and Adolescent Psychiatrist	Community CAMHS and Secure child and adolescent mental health and accommodation units

The decision to use practitioners from different professions was influenced by the need in DA to 'situate' the sample and by the research topic under investigation (Willig, 2006). The table above was provided to 'describe the research participants and their life circumstances to aid the reader in judging the range of people and situations to which the findings may be relevant' (Elliott et al., 1999: 228). Interviewing practitioners from different disciplines and targeting higher tier services was essential with regards to the concept of ESPD. The practitioners must have available to them the discursive resources to draw upon to talk about ESPD (Howkins and Ewens, 1999) because they

‘are not selected because they fulfil the representative requirements of statistical inference but because they can provide substantial contributions to filling out the structure and character of the experience under investigation’ (Polkinghorne, 2005: 139). However, although ‘we do need to identify persons (or dyads or groups) or sources that are likely to provide the discourse of interest, we need to keep our attention on the type of discourse, not the person who produces it’ (Wood & Kroger, 2000:78). Importantly, professional discipline/interventions provided are not integral to this study.

The sample size of fourteen far exceeds the minimum of five for postgraduate DA research (Turpin *et al.*, 1997). This size can also be further justified by epistemological position. Primary importance is richness of data DA studies are not concerned with the speakers, but their use of discursive resources and the sample is thus represents a ‘specimen perspective’ (ten Have, 1999:50) as we not making generalizations about the prevalence of ‘attitudes’ expressed, or claiming degrees of representativeness (Wetherell, 2001). Rather, the aim is to identify ways certain versions are produced as authoritative and investigate the rhetorical and ideological functions of versions of ESPD’s ‘truth’. DA assumes that this may help illustrate availability of specific discursive resources which may be drawn upon to organize the socially/professionally shared lexicon of common/professional knowledge about ESPD. From this epistemological position the presence of reoccurring

themes and ways of accounting due to the richness of DA itself, may reasonably be expected to be found in the wider professional culture from which this 'specimen sample' was selected (ten Have, 1999).

### **Recruitment**

Participants across England and Wales were recruited via professional contacts in local authority services and CAMHS. There were also letters/emails to the youth justice board and individual children's secure units (See APPENDIX). Interviews were arranged via emails. Some recruitment 'snowballed' with one participant/service recommending another.

### **Ethical Considerations, Risk Assessment and Confidentiality**

Research ethics have a long philosophical history (Coyle & Olsen 2005 in Tribe & Morissey, 2005) with two basic principles which are often highlighted, those of beneficence and non-maleficence (Emmanuel *et al.*, 2000). Ethical clearance for this study was obtained prior to data collection through university ethics boards. This required submitting an application covering procedures, risk-assessment, participant-facing documents, confidentiality and data management. In terms of confidentiality, identities were anonymised, as were any identifying features in interview data. In

several transcripts some information was removed as interviews contained excessive information about individual children/cases. For this reason no external transcriber was involved.

Due to the fact all the participants were working with or had worked with children who might be referred to as 'high risk/high harm' in the literature, it was assumed that personal distress due to the subject matter would be minimal. However, participants were made aware of standard confidentiality clauses (BPS, 2006b) and attempts were made to conduct interviews with ethical attunement (Brinkman and Kvale, 2008). With regards to risk/safety all interviews were conducted in participant's place of work. The research was designed and conducted in line with *Division of Counselling Psychology Professional Practice Guidelines* (BPS, 2006b) and the British Psychological Society *Code of Ethics and Conduct* (BPS, 2006a) incorporating researcher reflexivity (Ely et al., 1999).

### **Procedure**

Contacts were made initially by letter and interviews arranged via email. Consent forms with briefing and debriefing information were signed and copies were retained by researcher and participants (See Appendices vi-vii). Interviews were conducted individually between April-October 2012 at

participant's workplace. With respect to situating the research, interviewing was less than a year after the 2011 riots and write-up coincided with the 20<sup>th</sup> anniversary of the murder of James Bulger.

### **Data Collection**

Semi-structured interviews (Smith, 1995) were not employed to reveal the 'truth' of claims (Potter, 1996) but as an arena where discourse resources are available and rhetorical strategies may be employed. These are popular in DA (Wetherell et al. 2001). However, interviews are specific situations with a focus and using 'contrived data' within an approach that assumes construction, rather than reports on reality may incur unavoidable 'bias' (Speer, 2002). Moreover, interviews reflect power relations in questioning (Harper, 1999) which are pervasive with regard to the researcher's agenda which is *always* imposed on the participant/research itself by the very fact it is being conducted. This brought reflexive concern as a novice DA researcher but power imbalance and 'agenda-pushing' are somewhat unavoidable. In an attempt to acknowledge where this analysis may have fallen foul to common difficulties identified in DA interviewing (see Speer, 2002) the following were used as a guide for awareness/reflexivity and transparency which, although in mind while conducting interviews, became more of a guide during analysis where attempts were made to avoid 'flooding' interviews with a

social science agenda (Potter and Hepburn, 2005) as participants were asked about their opinion on controversies concerning PD in children, their thoughts about ESPD and potential reasons for it or treatment for it (See appendix ix).

### **Data Transcription**

Interviews were transcribed on computer by chief investigator after each interview to develop data familiarity and improve interviewing skills concurrently (Saldana, 2013). The process was considered a ‘reflexive act’ which ‘requires the transcriber’s cognizance of her or his own role in the creation of the text and the ideological implications of the resultant product’ (Bucholz, 2000:1440). Transcription conventions (See appendix viii) were cited in Atkinson and Heritage (1984). Transcripts were stored on USB and hard-copy with identifying information removed.

### **Data Analysis**

Science progresses through processes of conjectures and refutations and no theory represents the complete truth (Popper, 1959, 1962, 1972). Moreover, science is a social activity (Kuhn, 1962). It is the poststructuralist belief that ‘the process of analysis is always interpretative, always contingent, always a

version or a reading from some theoretical, epistemological or ethical standpoint' (Wetherell, 2001:384) and therefore it is acknowledged that the activities carried out in 'application' of the 'method' cannot be separated from the ontological, epistemological and theoretical assumptions of the researcher. Qualitative analysis intends to bring as much significant meaning as is possible to the data (Saldana, 2013). Drawing from Foucault's (1980) assertion that he 'cared not to dictate how things should be' DA researchers refrain from systematising/prescribing methods while believing it is possible to identify stages to 'identify contradictions, constructions and functions of language' (Parker, 2004:151).

Familiarity with data took place over several months beginning from transcription, with a focus on relevant material, to recognition of systematic ways of talking, through to coding into units and thematic analyses (Potter & Wetherell, 1987, Mitchell, 2009, Harper, 1995, Saldana, 2013). Transcription necessarily entails interpretation (O'Connell & Kowal, 1995). Text was selected which were assumed demonstrable of consistent and variable language patterning and macro surface material was thematically coded and organised for a more micro discourse analysis (See table 2).

**Table 2**

**Stages of Analysis**

<b>Stages</b>	<b>Actions:</b>
<b>1</b>	Interviews transcribed on PC (Atkinson & Heritage, 1981)
<b>2</b>	Thematic analysis of individual transcripts (Saldana, 2013)
<b>3</b>	Thematic analysis across data set (Ely, et al., 1991)
<b>4</b>	Extracts representative of each theme collected together
<b>5</b>	Most dominant themes extracted
<b>6</b>	Each collection of most dominant themes analysed in terms of subject positions, interpretative repertoires and ideological dilemmas (see Wetherell et al., 2001).
<b>7</b>	Extracts selected.
<b>8</b>	Extracts chosen on basis of representativeness of all speakers in dominant theme group (see Scheurich, 1997).
<b>9</b>	Final extract selected for thesis chosen on basis of representativeness of themes in that group and factors such as ensuring each participant was represented in the final analysis (see discussion section).

The analysis was intended to move between micro and macro levels of concern common to DA studies (Edley & Wetherell, 2001) incorporating a ‘productive synthesis’ of more Foucauldian ‘top-down’ (the study of *discursive resources*) and discursive psychological ‘bottom-up’ (studies of *discourse practices*) approaches to the data set (Wetherell, 1998). It is this synthesis of approaches which see this research moving closer to definition of ‘critical discursive psychology’ as it employed three analytical



concepts/tool identified in CPD for analysing text, *subject positions*, *Interpretative Repertoires* and *Ideological Dilemmas* (Wetherell et al., 2001).

### **Analytical Concept: Subject Positions**

Louis Althusser (1971) argued subjectivity is an ideological effect (Henriques et al., 1984). Through explanations of the process of ‘subjectification’ Althusser posited individuals as produced by/subject to ideology. Using his concept of *interpellation*, Althusser argued individuals are ‘hailed’ by particular discourses in that ‘ideology ‘acts’ or ‘functions’ in such a way that it ‘recruits’ subjects’ (p.48). Following this, Michel Foucault (1982) was concerned with ways in which human beings are made subjects, ascribing interconnected but differing meanings to the term ‘subject’. Firstly, that human beings are ‘made subject to’ others via ‘control and dependence’ and secondly, in terms of their subjective identity being ‘tied’ to a specific identity through a ‘conscience or self-knowledge’ which comes from dominant discourses circulating in society (p. 212). Foucault obscured the influence of ‘ideology’ and Marxism in his theories and it is worth acknowledging power relations involved in popular adoptions of Foucault as originator of ‘subject positioning’ over Marxist theorists such as Althusser. As Fish (1999) argues, proliferation of Foucault’s work in this respect owes much to the US political

climate in the US with regard to anti-Marxist sentiment at the time Foucault was writing.

In terms of subject positioning in this research, CDP views identities as dynamic and produced through discourses rather than internal or fixed. Edley (2001) likens the construction of identities in talk to that of a 'jelly that never sets' (p.192). For CDP, this subject positioning (self and others) refers to culturally available categories (*Discourse Resources*) that define persons and their identities. From a 'top-down' (Foucauldian) view subject positions already exist in discourse but they can change according to historical and cultural context, thus they are defined through pre-existing discourses and subject positions available within a particular culture. However, as Edley (2001) demonstrates with a 'bottom up' (ethnoethological) approach, despite a limited range of culturally defined subject positions in the context of particular social interactions, some agency is involved in actively 'taking up' subject positions as 'locations in conversation'.

### **Analytical Concepts: Interpretative Repertoires**

Potter and Wetherell (1987, 2005) attribute the term 'Interpretative Repertoires' to Gilbert and Mulkay (1984) who used it to describe contradictory ways scientists explained discovering/building scientific knowledge. Potter and Wetherell (1987, 2005) suggest interpretative

repertoires are made up of the lexicon of common (or as in this study common *and* professional/scientific) knowledge, ideas, explanations and terms and metaphors that everyone ‘knows’. These repertoires are drawn on to build explanations/descriptions, accounts and arguments (Potter & Wetherell, 1987: 138). Edley (2001) has further described interpretative repertoires as the building blocks of conversation, drawing on the analogy of ‘conversation as a dance’ and repertoires as the ‘dance steps’. Although the concepts of ‘Discourse’ and ‘Interpretative Repertoires’ are not interchangeable, both are linked by ties to ideology (Edley, 2001:202). Interpretative Repertoires are often used in research which, like this study, moves towards a critical approach to ideology and to some Foucauldian concepts (Edley & Wetherell, 1995; Wetherell & Potter, 1992). Interpretative repertoires are used in Foucaudian and discursive analyses (Parker, 1997).

### **Analytical Concepts: Ideological Dilemmas**

The term ‘Ideological Dilemma’ (Billig et al., 1988) suggests that since common knowledge and cultural wisdom is so full of contradictions and inconsistencies, everyday discourse can be *dilemmatic*. The book ‘Ideological Dilemmas’ (Billig et al., 1988) was intended as a contribution to the complexities of the ideology debate (see Eagleton, 1991; McLellan, 1986). In

short this book focused on problematizing dominant Marxist notions that ideologies were always integrated, coherent sets of ideas which served to represent domination of the ruling sections of society as 'inevitable' or 'natural'. What Billig and colleagues (1988) suggested with their concept of 'lived ideologies' was that there was another ideology distinct from 'intellectual' Marxist-defined ideologies which were composed of the beliefs, values and practices of a given culture or society and most importantly, unlike their 'intellectual ideological' counter-parts, lived ideologies are not coherent or integrated, but the reverse - contradictory, fragmented and inconsistent. This work put forward the ideas that expressed beliefs and values were not internal attitudes that are fixed and expressed in consistent ways but rather these are 'lived ideologies'. These 'lived ideologies' are the ways of explaining and interpreting used in discourse as flexible, rhetorical resources which are put to work as 'winning arguments' (Edley, 2001). As Edley (2008) further explains 'different ways of talking about an object or an event do not necessarily arise spontaneously and independently, but develop together as opposing positions in an unfolding, historical, argumentative exchange' (p. 204). Thus, we might say CPD aims to identify the variety of common-sense explanations (interpretative repertoires) that people use and what kind of dilemmas may arise from their complex and contradictory nature. We might also say that it is *within* those contradictions and inconsistencies power and

ideology (Wetherell, 1998) or power/knowledge (Foucault, 1980) can be seen to reside.

### **Reflexive Analysis**

This study drew from several sources in guiding the reflexive additions to the account of the research. John McLeod (2010) suggests that researchers should keep a journal from which their reflexive analysis of their own research can be drawn. This can be used to assess personal biases/prejudices. Prior to this, and to the research being conducted, investigators should have written as much as possible about the final report which helps externalise personal biases (Ely et al., 1991) while describing the ‘internal processes’ (Stiles, 1993) and ‘progressive subjectivity’ (Lincoln and Guba, 1989) associated with the research. All of the above were adhered to in a journal prioritising transference and unconscious motivations (Steier, 1991) in the research (see discussion).

### **Evaluative Criteria**

Qualitative researchers adopt different criteria from quantitative researchers when evaluating quality of research (Elliot *et al.*, 1999). In DA it is inappropriate to use empirically-based tests which measure reliability and validity as these assume researcher and topic under investigation are independent of each other (Coyle, 2007). Moreover, generalizability is

inappropriate in DA as Guba & Lincoln (1981) suggest 'what can a generalisation be except an assertion that is context free' (p.62). Indeed, qualitative researchers tend to think more in terms of dependability or credibility through transparency (Ely et al., 1999) and reflexive comment where required as a way of evaluating qualitative research (Golafshani, 2003). In DA this is done by resourcing prior DA studies research strategies (Wetherell et al., 2001) as this study does.

An evaluation criteria for DA studies has been proposed by Antaki (2003) consisting of six short-comings in analytic studies, under analysis through summary, under analysis through taking sides, under analysis through over-quotation or isolated quotation, the circular discovery of discourses and mental constructs, false survey and under analysis through spotting. Yardley (2000) suggests rigour is achieved through attention to inconsistency and diversity of accounts, within a transparent and situated recounting of the research process, accompanied by reflexivity and in terms of the study's usefulness and applicability. These appear to be of particular value in evaluating the integrity of DA research which does not have a set structured method and readers can follow these criteria as a way of evaluating the present study. One particular evaluative criteria to which the current research did not adhere, is to that of *participant validation*. Due DA's central assumptions concerning participant's positioning and use of discursive resources it seems

nonsensical to ask research participants to validate something of which they may not be actually conscious of doing (Harper, 2003; Coyle, 2000).

Thus, attempts were made here to avoid those aforementioned pit-falls. However, certain aspects are problematic. For example, under analysis through taking sides (Antaki et al., 2003) suggests the analyst may take a moral/political stance, although it could be argued the analyst automatically takes a political stance by adopting a DA perspective, or focus on perceived social inequality (Wetherell et al., 2001). DA studies can easily be viewed as politically biased in their focus and choice of method, as can positivist studies (See Dryden, 1999; Reynolds & Wetherell, 2003). Furthermore, DA in psychological research brings problems in terms of politics and its own critical credentials as:

*'there is no place in psychology or even in discursive psychology for critical work to start. A critical psychology has to be constructed from theoretical resources, life experiences and political identities outside the discipline'*

(Parker, 1997:298 italics in original).

Taken together, it is accepted that the current study will have elements of 'bias' in terms of political stance due to its topic, methodology and the researcher's own ambitions. Moreover, it is accepted readers may interpret or

evaluate this research according to their own political stance and interpretation (Parker, 1995) as 'there will always be other perspectives from which to interpret the material under review' (Humes & Brice 2003: 180).



## **Results**

### **Introduction**

This chapter presents discourse analysis of the interviews. Following Willig (2009) this section also contains discussion as the analytical concepts used are resources in an interpretative art (Edwards & Nicol, 2001) which yield results dependent on ways they are used (Gee, 2011). This is what Gary Thomas (1997) terms ‘methodological ad hockery’ to avoid ‘hegemony of theory (p.76) which requires reference to use of concepts in other DA studies (Nikander, 2008). Thus, it is acknowledged readers may have alternative interpretations to those presented.

### **ESPD Discourses**

The repertoires, subject positions and ideological dilemmas that were identified as most dominant across the data set have been summarised here and will be discussed further.

***Table 2***

<b>Discourses</b>
Interpretative Repertoire: ESPD Use and Misuse
Subject Position: Other Professionals as Misusers
Subject Position: Society as Misusers

Subject Position: Media as Misusers
Subject Position: Practitioners as Misusers
Subject Position: Biased Misusers
Interpretative Repertoire: ESPD Evoking Images
Subject Position: Child as Psychopath
Subject Position: Child as Fictional Monster
Subject Position: Child as High Profile killer
Interpretative Repertoire: ESPD Excluded and Untreatable
Subject Position: Practitioners as Excluders
Subject Position: Practitioners as Frustrated
Subject Position: Practitioners as Forced
Ideological Dilemmas:
Our Label vs. Their Label
Looking past the label/Unable to look past the label
Early Intervention as Exclusion

### **REPERTOIRE 1: ESPD: Use and Misuse**

The potential use and misuse of ESPD was an interpretative repertoire (Potter & Wetherell, 1987) drawn upon by all participants. Subject positioning (Althusser, 1971) varied throughout.

#### **EXTRACT ONE: Participant 1**

Some participant's subject positioned other professionals 'outside' mental health as potentially misusing the term. Interestingly, many did so while inappropriately referring to ESPD as a 'diagnosis'.

1 **Participant:** I think it's a very difficult label (.) and I think once  
2 they've got it (.) it's a very difficult one (.) and also once it goes in notes  
3 and things like that other professionals will leap on it. I think it's one  
4 that's not fully understood by people maybe outside of mental health.

5 **Interviewer:** Right

6 **Participant:** I mean certainly for me (.) I want that diagnosis to come  
7 from a consultant psychiatrist, someone who's really reviewed notes,  
8 spent some time with the young person, someone who's got that  
9 experience I have heard this said in meetings and I think who qualified  
10 you to say that?

Here, the participant draws on strategies achieved through 'footing' (Goffman, 1981) positioning those with the qualifications to diagnose psychiatric conditions as doing so appropriately (Lines 3-4). This is an example of category and epistemological entitlements (Whalen and Zimmerman, 1990 in Potter, 1996:114) where categories of actors are positioned as though they are entitled to use particular knowledge (Line 7). In working up these category entitlements the speaker undermines the entitlements of other professionals (Line 9). This is also a form of interest management (Potter, 1995: 115) in that she uses this epistemological entitlement to manage the interests of those *inside mental health*, like herself

and the consultant psychiatrists whose opinion she appears to trust. This may also have the added function of persuading the researcher to trust these arguments as she shares this epistemological entitlement (Edwards and Potter, 1992:117; Potter, 1995:125). However, the participant can be seen as reifying ESPD (Line 6) by inappropriately referring to it as a diagnosis (Tillich, 1988; Potter, 1996:107; Foucault, 1980a:237).

**EXTRACT TWO:** Participant 14

Other participants subject positioned ‘society’ as potentially misusing the ESPD term inappropriately, counter-positioning researchers/clinicians as using it appropriately.

1 **Participant:** I guess the dilemma is, as we have seen in the way  
2 schizophrenia is bandied around is (.) actually what is kept as a pure  
3 diagnostic instrument, even as a research diagnostic instrument to begin  
4 with and then how the term is then used in society more generally

This can be seen as an example of interest management (Potter, 1995: 115) the idiom ‘bandied around’ tends to suggest ESPD would be used carelessly by society while reinforcing the position of those with stake or interest (Lines

2-3) as careful (Potter, 1995:121). The use of a descriptive word like 'pure' is a form of categorisation (Grace, 1987). It is through categorisation that a specific sense of something is constituted (Potter, 1996: 177). Again this constructs researchers as epistemologically entitled to use the ESPD term in ways which will prevent societies 'contamination' of it (Lines, 2, 4). This also positions psychiatric language as separate from 'society' when psychiatry and psychology are themselves social practices (Parker, 1999).

### **EXTRACT THREE:** Participant 9

The media were similarly subject positioned by some participants as mishandling information about ESPD.

1 **Participant:** I think that's another thing about the media, they'll put out  
2 this thing and they'll put out snippets of information (.) examples of really  
3 horrific cases where kids have got this and people will >they will not be  
4 using it properly and before we know it they'll be sticking it on every  
5 Tom, Dick and Harry< Every young person who's ever done anything,  
6 ESPD! They do it with ADHD now.

Again, epistemological entitlement is worked up by undermining the entitlements of others (Potter, 1995). This emphatic talk and extreme-case formulation is an example of script-formulation (Lines 2-3) whereby the speaker constructs hypothetical use of ESPD by media as in-discriminantly driven by their own interests (Edwards, 1995:328). According to Drew & Holt (1989) idiomatic expressions like 'Tom, Dick and Harry' (Line 5) tend to occur at specific junctures in talk rather than being randomly distributed. This expression may reflect the well-documented gender biases in ASPD (Nucknolls, 1992). The use of ADHD (APA, 2000:85) may also reflect gender biased diagnosis (Breggin, 1991:282). In line 6 media are presented as being predictable due to their own interest management (Potter, 1996:124) and relating argument to ADHD the speaker formulates this predictability as a shared knowledge without explanation (Edwards & Potter, 1992:18). Positioning of media as overusing ESPD similarly to ADHD also appears to obfuscate criticisms concerning misuse and overuse of the ADHD diagnosis by practitioners (Breggin, 1991:274).

#### **EXTRACT FOUR:** Participant 13

Other participants positioned researchers/practitioners as potentially using the term in inappropriate ways. Many suggested ESPD was the wrong term altogether.

1 **Participant:** We don't know for certain that that child will develop a  
2 severe personality disorder, so as we don't know that, I don't think we  
3 should be using a label which implies that we do know that (1) you know,  
4 it's a bit like seeing someone who is behaving slightly oddly and you say  
5 they have got prodromal schizophrenia (.) >you only know that someone's  
6 got prodromal schizophrenia with the benefit of hindsight<when you look  
7 back and say 'Well (.) actually what happened then was in fact the early  
8 stages of this illness which we now see in front of us today'

The speaker questions 'our' epistemological entitlement to use the term ESPD (Lines 1-3). He also questions notions of risk prediction in psychiatry and his account becomes more rhetorically powerful as he uses an example from the diagnostic category of schizophrenia (APA, 2000:298) which may be better understood. The participant appears to use an argument similar to Foucault's (2003) own concerning the 'childish discourse' of the 'expert' in psychiatry which Foucault argues is based on hindsight (p.36). The speaker's rhetorical use of prodromal schizophrenia is similar to Ashmore's (1993) findings that speakers may use a combination of narrative detail and ridicule to undermine scientific beliefs (Line 5-8).

### **EXTRACT FIVE: Participant 11**

Some positioned practitioners/researchers as potentially misusing ESPD in biased ways.

1 **Participant:** A lot of the young people we know about who are going to  
2 get this diagnosis are going to be the very visible ones. It's not going to be  
3 the lad at public school who's been torturing animals since he was little  
4 >stapling the goldfishes tails together< that sort of thing (.) and putting the  
5 kitten in the dishwasher to see what happens, and then bullying the  
6 younger children. Most of them don't go on to kill >some of them do<  
7 there are some high profile cases, but these are hushed away (.) or  
8 somehow they channel their ruthlessness (.) their lack of guilt, their lack  
9 of emotion into sometimes quite successful careers. So I think there's a  
10 class dimension.

The participant reifies ESPD as a formal diagnosis (Tillich, 1988; Potter, 1995). Lines 1 and 2 suggest she thinks we may already be misusing ESPD as this is in direct opposition to the proposers arguments we need to identify these children (Vizard, 2004 ). However, the speaker does not say who these children are. Instead, she tells the researcher who they are not by positioning



the ones 'we know about' against 'the lad at public school'. Formulating in classes of two is common rhetorically and binary contrast structures are worked up in talk (Sacks 1981 in Wetherell et al., 2001:168). They are not a reflection of the world that 'happens to fall naturally into two-set classes' rather, this is a 'discursive device' for constructing the world as such (Edwards, 1997: 237). Here, 'the rich' are positioned against 'the poor' with no one in between (Lines 2-3). The speaker then uses extreme case formulations in descriptions of animal torture (Pomerantz, 1986) and works her argument up with rich description and offensive rhetoric (Potter, 1995) before arguing about those who go on 'to kill' in a bottom-line argument (Edwards et al., 1995). Sarbin (1969) argued the word 'dangerous' and its associated connotations 'seems to have been shaped out of linguistic roots that signified *relative position* in a social structure' (p. 77 italics in original). The participant seems to position 'those we know about' (ostensibly the poor) as more likely subjects of psychiatric intervention but also as more likely to be dangerous/killers while positioning 'the lad at public school' (despite animal torture) as 'ruthless' instead in his 'good career' (Lines 3 and 8). She also builds up her 'scene' (Lines 4-6) with narrative organisation in a similar way as one might in a novel (Fowler, 1977 in Potter, 1995:118). However, she does not explain how something 'high-profile' might be 'hushed away'. Here the ambiguity becomes rhetorically defensive (Line 7) because 'hushed away' in a contrast structure against 'visible one's' is a powerful strategy

(Potter, 1995) when ‘class dimension’ (Line 10) is her bottom-line argument (Edwards et al.,1995).

## **REPERTOIRE 2: ESPD Evoking images**

Another repertoire in the practitioners talk about ESPD was that it evoked certain images of potentially violent children.

### **EXTRACT FIVE: Participant 5**

Some practitioners cited links to adult psychopathy and its associated ‘Callous-Unemotional’ term for children.

1 **Participant:** I think that ESPD has a link in people’s minds about  
2 psychopathy, um and that’s very much more in (.) kind of the wider  
3 community (.) professionals (.) and in terms of the public, if you say  
4 someone is ‘Callous and Unemotional’ you know, people start to sit  
5 forward, um (hhh .hhh) I have worked with lots and lots of young people  
6 and I think I have only ever worked with one, maybe two who I would say  
7 ‘Yup, they would, they would fit that Callous-Unemotional (.) description’  
8 but I have heard it about lots, and lots and lots of youngsters so it makes  
9 me uncomfortable.

Some participants thought the links to psychopathy evoked morbid fascination as this participant suggests ‘people start to sit forward’ positioning the child as dangerous rather than as having potential for high risk behaviours (Line 4). The speaker used her own experiences with the ‘Callous-Unemotional’ term to illustrate her argument that ESPD might be used erroneously for ‘many’ whom it may not be appropriate using extreme case formulation (Pomerantz, 1986).

**EXTRACT SIX:** Participant 12

Others positioned professionals who might already have a relationship with the child in question as being provided with a framework to see the child through with ESPD which could be a benefit while also positioning those who might not be familiar with a child as potentially having nothing but fictional characters to draw upon in their images of them.

1 **Participant:** For those who know the youngster >they will still know  
2 them and have a relationship with them< and it might help them have  
3 some kind of framework for seeing the youngster and be quite  
4 empowering in a sense of ‘So I wasn’t imagining it all then. This really is  
5 a difficult child’. If it’s a new referral coming in (.) well that is going to

6 be a lot more worrying (.) with no picture in their minds, that someone  
7 could be, a real life >Hannibal Lecter < {laughs}

The participant draws popular fictional images as he cites Thomas Harris's portrayal of a psychiatrist-turned- killer who might be commonly understood as a psychopath (Harris, 1981, 1988, 1999, 2006). Dr. Hannibal Lecter has been cited as giving the public 'a distorted view of the disorder' of psychopathy (Hare, 1993:74). The speaker's intonation and laughter (Line 7) indicates he finds the image ridiculous (Potter, 1995:167) and that he may assume the researcher also would, perhaps because both have access to academic knowledge which largely renders Harris's character laughable (Salekin & Lynam, 2010). Line 7 is an illustration of category entitlement drawing on shared experience (Sacks, 1992:243) and knowledge (Whalen & Zimmerman, 1990). Throughout the speaker uses words such as 'imagining' and 'pictures' suggesting ESPD is open to interpretation.

#### **EXTRACT SEVEN: Participant 7**

Certain participant's thought ESPD would 'demonise' children evoking images of high-profile child criminals in the press. Most often mentioned were Robert Thompson and Jon Venables and the 'J' children (see appendices ii and x).

1 **Participant:** ESPD labelling is (.) I think (.) kids are demonised, you see  
2 'Hoodie' slogans bandied around (.) gun crime (.) but ESPD's because of  
3 the cases like James Bulger (.) and them other relevant cases that are in  
4 the press

5 **Interviewer:** The Edlington, Doncaster case?

6 **Participant:** Yeah, >they are the only ones the public get to read about,  
7 so these places must be full of kids like that< because this is all they  
8 know

9 **Interviewer:** Yeah

10 **Participant:** >Do you know what I mean? <

11 **Interviewer:** Absolutely

12 **Participant:** They don't realise there are also kids that are here because  
13 of their circumstances, or they've been forced (.) or had to commit this  
14 crime to survive so >I think the public have got a very blinkered view in  
15 terms of the type of kids that are actually in these places < because they  
16 are not all Robert Thompson's and Jon Venable's

In Line 1 speaker draws on historical binary category constructions of  
children as angels/demons (Reicher & Hopkins, 1989) referring to media

representations (Green, 2010). However, while suggesting ESPD is 'because' of high profile cases he thinks it evoke images of violent children rather than indicating 'risk'. Though like most participants he positioned Robert Thompson and Jon Venables as 'different' to other kids 'in these places' (Line 15-16) who might be demonised overlooking Thompson and Venables well-documented 'demonization' (Young, 1996). 'Other' section 59 offenders (Boswell, 1996) were always constructed against these high profile children, who were demonised by participants (Potter, 1996). Binary contrast structures (Wetherell et al., 2001:168) of 'these' children and 'regular' children in units (Lines 12-16) appeared a popular discursive device (Edwards, 1997: 237) when suggesting ESPD evokes images of children in secure units as killers (Cavadino, 1996). Interestingly, positioning 'other' violent children as products of their environment/circumstance saw Robert Thompson and Jon Venables positioned as 'something' else, which was never explained but was assumed 'known' (Butter, 1997) limiting other discourses about them (Wetherell et al., 2001). Lines 12-16 can be seen in terms of adjacency pairs, where one action leads to another (Heritage, 1988) illustrating power relations (Foucault, 1991a:201) in processes of objectification (Butler, 1997:358) which are often accompanied by ambiguousness (Potter, 1995).

### REPERTOIRE 3: Excluded and Untreatable

This repertoire was common to all, though accounts and positioning varied widely.

#### EXTRACT EIGHT: Participant 5

Some participants thought the ESPD label could become iatrogenic (Illich, 1975).

1 **Participant:** I think the moment you get a them and us > ‘actually this  
2 isn’t a mental health difficulty, or developmental difficulty, this is a severe  
3 personality disorder, or emerging severe personality disorder, it’s not  
4 treatable’< people then get pushed aside and isolated and the traits they  
5 are showing become more and more ingrained (.) So I think there’s  
6 potential for difficulties seen within an (.) emerging difficulty to actually  
7 become consolidated by the way professionals and other people are  
8 treating and interacting with young people.

In lines 1-4 the speaker points out where the child labelled ESPD becomes subject (Henriques et al, 1984) and through the lens of ESPD and processes of objectification (Deleuze, 1992) how this group may become ‘seen, or

known as a problem' (Scheurich, 1997:107) which may in itself have iatrogenic effects via practitioners through the act of labelling (Illich, 1975). In lines 5-8 the speaker appears to be describing a similar process to Butler (1997b) who argues that when people are constituted as an object they become subject to discourses and practices by 'the very operation of interpellation' that not only place them in particular spaces in the social hierarchy but whereby continual and repeated subjugation those objects come to know and accept this place (p.358-359).

Most importantly, in lines 2 and 3 the speaker is explicit in her use of 'severe' and 'emerging severe' personality disorder to make clear what she is referring to. However, she chooses to illustrate her points by replacing the PD label with 'emerging difficulties' positioning herself apart from practitioners who might use ESPD and thus as someone who does not 'consolidate' these difficulties through her labelling and treatment of children. Line 6 is an example of how in a CDP framework a participant's agency can be reworked (Ashmore et al, 1994). This is also the reflexive part of her talk (Garfinkle, 1967) because strategic efforts in line 6 not to use 'ESPD' is an example of skilled talk in-action (Ryle, 1949 in Potter, 1996). Here, in contrast to Foucault's notion of discourses as 'practices that systematically form the objects of which they speak' which views the individual as determined by particular constraints (1972:49) the participant demonstrates a central tenet of



CDA which ascribes a certain degree of agency in the production/negotiation of discourses/meaning (Gramsci, 1971 in Speer, 2001). Discourses can be reworked and the assumptions embedded within discourses can be contested in action (Jørgensen and Phillips 2004:16).

**EXTRACT NINE:** Participant 11 (Part One)

Others thought ‘professionals’ might be angry or frustrated at having to work with something they thought was untreatable, while admitting they would be the same.

1 **Participant:** So I think my argument is >fine, get your diagnosis< but  
2 what are you going to do with them? That’s what I find so worrying (.)  
3 and some of them are going to live up to it and I think (.) the bit we were  
4 talking about earlier (.) about professionals (.) I think that might also  
5 create ‘Bloody personality disorder! What do you expect me to do?’

Most wanted to know what we ‘do with them’ after ‘diagnosis’ which is a reification of ESPD (Tillich, 1988; Potter, 1995) and were concerned practitioners might be frustrated or angry when faced with children they can’t

treat or place. Though many, like this participant conceded they were the same.

**EXTRACT NINE:** Participant 11 (Part two)

1 **Participant:** And once they've got that label unless there's a whole new  
2 body of research about marvellous new treatment, what's the point of it?  
3 It feels like we are boxing ourselves into a corner with that one. I mean  
4 certainly if a young person was referred to me and they came with that  
5 diagnosis, I'd be looking around thinking what the hell am I meant to do?

Here the participant continued to reify ESPD as a diagnosis (Tillich, 1988, Potter, 1995) and used sarcasm regarding treatment. Her emphasis in line 2 on 'marvelous' suggests need for something extraordinarily special in terms of treatment and ridicules ESPD as a research instrument to find treatment (Ashmore, 1993). This can be conceptualised as a concessionary element to her talk, which can make the speaker vulnerable to challenge, in this case her rhetorical question 'What's the point of it?' can be answered and defended against in terms of the proposer's intentions which is to study these children and to treat them (Antaki & Wetherell, 1999). In line 3 the speaker then uses offensive rhetoric to counter alternative argument (Potter, 1995:107) in the idiomatic expression 'boxing ourselves into a corner' with the ESPD label

which is not randomly deployed but rather at a specific juncture in talk (Drew & Holt, 1989). This is robust due to its figurative and formulaic qualities which (as in line 5) is difficult to counter with fact when someone rounds off a sequence (Potter, 1995: 168). It seems the speaker is most concerned therapeutic practitioners will be ‘hit’ with criticism if they cannot work with these children and then as her bottom-line argument she positions herself in the same way which is again difficult to argue against as this is how she feels (Edwards et al., 1995). Considering the governments criticism of the psychiatric establishment in regards to PD these fears were commonly drawn upon by speakers.

#### **EXTRACT TEN:** Participant 4

Some participants thought there was ‘no hope’ for children described by ESPD and demonstrated frustration with government initiatives to encourage treatment of PD/DSPD/ESPD groups.

- 1 **Participant:** Ummm, it is controversial. >This is entirely understandable.
- 2 Why it is controversial?< Because clearly it is a label and sometimes
- 3 labels stick and particularly when you start to talk of personality disorders
- 4 in young people, people say well are not developed completely and in my
- 5 view its almost academic (.) which it is because what needs to happen is

6 that you can almost predict where some young people are going with their  
7 behaviours and the behaviours that we see now are almost forming the  
8 personalities of the future (.) so today they may be extremely, severely  
9 conduct disordered, with no hope in hell of changing they are likely to  
10 develop the ESPD. The diagnosis (1) I think in the past (.) the discussion  
11 of the DSPD diagnosis, was it was being used to divert people from (.)  
12 from, the custodial institutions into the health institutions, because they  
13 say if someone is DSPD or ESPD we can treat them but > surprise,  
14 surprise! < Nothing works.

In Lines 1-9 the speaker presents a two-sided argument (Abel & Stoke, 1999) and appears to be referring to neuroscientific evidence on synaptic pruning in adolescence as he explores what ‘people say’ (Gazzaniga, 2002). The speaker is ambiguous here and does not say who these people are. He then moves into an offensive rhetoric in lines 5-8 (Potter, 1995:107). Here, the speaker appears confused which could be caused by ideological dilemmas in institutionalised language and ‘scientific evidence’ or ‘fact’ as he appears to be arguing strongly for the predictive value of psychiatry (Billig et al., 1988). However, in lines 5-6 the speaker uses ‘almost’ twice suggesting he may doubt his own rhetorical arguments (Potter, 1996) based on academic arguments which are often criticised (Coid et al., 2013). The speaker’s use of the idiomatic expression ‘no hope in hell’ in respect of these children’s

potential for change appears to evoke images of demons without chance of repentance (Drew Holt, 1980). This is also an interesting expression considering the topic as it appears to feed into long-standing and monolithic discourses (Foucault, 1972) concerning children, morality, innocence and religion (Loach, 2009; Postman, 1994). The speaker also reifies ESPD twice in line 10 and 13 (Tillich, 1988; Potter, 1995).

### **IDEOLOGICAL DILEMMA 1: Our label/Their label**

A reoccurring dilemma for participants that appeared to arise out of their use of each of the above interpretative repertoires was that of ESPD not being very helpful or beneficial but because it was a psychiatric label, it was preferable to other labels when both appeared to bring similar connotations and actions (Potter, 1996:15).

#### **EXTRACT ELEVEN: Participant 6**

1 **Participant:** ESPD's dangerous (.) People have an instant attitude  
2 towards the young people but also (.) I think the risk is that, you give them  
3 the diagnosis and the diagnosis may not serve much intent at the end of it  
4 so they are still exactly the same and then you think 'Oh why did I do  
5 that?' On the other hand, if the media has also given them a name, if there

6 is no label to it they just become evil (.) the evil children, for want of a  
7 better word.

In lines 1-2 the speaker puts emphasis on ESPD being '*dangerous*' in positioning others as less informed about it while reifying it as diagnosis (Tillich, 1988; Potter, 1996:107; Foucault, 1980a:237). The speaker suggests the label is useless and he would be likely to question his own actions should he 'diagnose' a child 'with' ESPD (which at time of interview he could not). Then the speaker enters into a two-sided argument (Abel & Stoke, 1999) and begins to argue from the opposite position that if there is no psychiatric label children are labelled 'Evil'. Interestingly, he refers to '*evil*' as a '*word*' and ESPD as a '*diagnosis*' which is a further reification (Lines 3,7) illustrating power relations in assumed superiority of categorisation of subjectivities drawn from diagnostic nomenclature (Foucault 1991:203). Thus ESPD is better than 'evil' in his bottom-line argument (Edwards et al., 1995) though lines 1-2 suggest they may amount to the same thing for 'people'. There is also a blurring of the distinction between the hypothetical and the actual with this *if-then* structure (Lines 2-6) which becomes a difficult to counter-argue (Widdicombe & Woolfit, 1995:120) and is a product of interests or strategy (Woolgar, 1983).

## **IDEOLOGICAL DILEMMA 2: Looking past labels/not being able to look past labels**

Many practitioners appeared to present 'looking past' labels as an ethical stance but this became dilemmatic as ESPD would see them demonstrate difference of approach.

### **EXTRACT TWELVE: Participant 2 (Part one)**

**1 Participant:** How would I feel about it? (1) I suppose we are always  
2 conscious of labelling young people and giving young people labels  
3 anyway and my personal (.) and professional standpoint would be that,  
4 well before anything else, they are a young person, or a child, which is  
5 the most important aspect before a label of Emerging Severe Personality  
6 Disorder or likewise, offender (.) or sexual offender or anything else. I  
7 suppose we'd treat it like that, it's a child, it's a young person firstly and  
8 foremost (.) I suppose with an element of realism, perhaps not everybody  
9 will treat that young person in that way, but I believe I would, >or we  
10 would here at (Name of Children's Secure Unit)<.

## **EXTRACT TWELVE: Participant 2 (Part two)**

**1 Participant:** I would be anxious, mainly around the manipulation that  
2 you tend to see with the young people with more severe personality  
3 disorders, I'd be conscious of, I suppose, protecting my own staff, or up-  
4 skilling or training my own staff team to deal with that sort of challenging  
5 behaviour.

In extract one an interesting position taken up by many appeared as some form of ethical standpoint (Tribe & Morrissey, 2005) stemming from concerns about pathologizing identity (Goffman, 1986). The speaker asserts his category entitlement to comment as a professional in a way that suggests professional opinion is perhaps better rhetorically regarded than personal thus staking his interest claims (Potter, 1995). He also appears to draw on discourses concerning the separation of children from adults in his positioning (Postman, 1996) emphasising his abilities here with extreme case formulation (Pomerantz, 1986) using 'sexual offender' which is one of the more feared classifications of offender/child offender (Weldon, 2011; Keogh, 2012; Erooga and Masson, 2006). Three-part lists (Lines 4-8) are a common feature in conversation (Lea, 2007:502) and their rhetorical effectiveness is well established (Edwards, et al., 1992). These may be used to construct arguments such as the speaker does here which work up his ability or the ability of his



institution to see past labels (Jefferson, 1990). This increases the plausibility of what the speaker says by his 'embedding it into a particular narrative sequence' which discursively encourages expectation of an action/event (Edwards and Potter, 1992:161). The speaker then reiterates these abilities by undermining abilities of others in lines 8-10 (Potter, 1995).

However one should also consider the effects of the interview context here which was the participant's place of work which may have a confounding effect (Wetherell, 1998). This speaker may have felt he had to position his institution in particular ways (Lines 9-10) as discourse is influenced by institutional contexts (Boyle, 2005). Despite this, later the speakers talk becomes more ideologically dilemmatic with regard to the ESPD label (Billig et al., 1987) as the speaker states he'd want to be 'protecting' his own staff, thus re-positioning the child, due to ESPD as someone staff need protection from using more institutionalised language 'up-skilling' his staff to deal with 'that sort of challenging behaviour' which is ambiguous (Potter, 1995). The speaker talks of manipulation drawn from descriptions of adult psychopaths as intelligent/manipulative (Hare, 1993) which doesn't fit with intellectual disabilities in ESPD (Vizard et al, 2007). Despite earlier suggestions the child would be treated as a child, he appears to treat them as an adult psychopath as the child is positioned as particularly powerful, intelligent and someone

staff require protection from, which considering ESPD is to signal risk of developing these behaviours may be problematic.

### **IDEOLOGICAL DILEMMA 3: Early Intervention as Exclusion**

A significant dilemma for all participants appeared to be ESPD's links to early intervention and this arose in complex ways throughout the participants interviews as illustrated by these two extracts from the same participant's interview (Billig et al., 1988).

#### **EXTRACT THIRTEEN: Participant 8 (Part One)**

1 **Participant:** not only that I think it has a lot of impact in terms of  
2 excluding from services so I've known when I've worked in adult with  
3 people who've got a label of personality disorders and you are trying to  
4 engage them in different services in the community or you're trying to  
5 engage them in different treatments, /erm/ many, many, many services  
6 have on their exclusion criteria personality disorder because they see it as,  
7 /erm/ (.) too complex or it's too difficult to treat or (.) so it's very  
8 excluding for a lot of people in terms of the label

**EXTRACT THIRTEEN: Participant 8 (Part Two)**

1 **Participant:** if you protect a child at naught to age three from the  
2 abuse that they're (1) you know, they can make a lot more  
3 significant repair than the ones we see all the time that have kind  
4 of not had the protection that they needed, they've been  
5 emotionally abused, if not physically, sexually and neglected for  
6 significant amounts of time, so their, the developmental trauma  
7 they've experienced is so prolific that they experience extremely  
8 high-risk behaviours (1) which is what we see and so, the kind of  
9 amount of money that costs /erm/ in terms of keeping them in  
10 secure units, school exclusions, paying for placements, looked  
11 after children all the things that cost so much money and it just  
12 makes sense

The speaker first sets out her concerns about the potential exclusionary properties of ESPD as a label, relating it to her experiences with adults (Part One) then moves on to argue for early intervention as a means to include and treat specifically 'at naught to age three' (Part Two). Drawing theoretically from Foucault's concept of 'effects in the real' (Foucault, 1980a:237) methodologically 'part of the job of the rhetorical analyst is to determine how constructions of "the real" are made persuasive' (Simons, 1990:11) and which competing arguments are undermined by the account (Dillon, 1991). We

could say the speaker discounts other neuroscientific evidence regarding synaptic pruning into adolescence and beyond (Gazzaniga, 2002) and longitudinal studies that developmental trajectories in PD are not consistent in children/adolescents (Skodal et al., 2007). In lines 1-2 (Part two), drawing from Lyotard's suggestion that a characteristic of the postmodern condition is its emphasis on local rhetorical wars (1984:17) the speaker uses an *offensive rhetoric* in so far as it undermines alternatives to early intervention (Potter, 1996:106 italics in original). In part two this concept of offensive/defensive rhetoric is the value of taking a double-analytic focus, whereby studies can explore procedures by which factual versions are built up (Lines 1-3) and others are undermined (Lines 7-12) or '*ironised*' (Potter, 1996:107). This can be seen as a product of interests or strategy (Woolgar, 1983). However, by employing this offensive rhetoric to make her claims for the early intervention argument when asked about treatment options for those presentations which might be conceptualised as ESPD, she linguistically does that which she was concerned the ESPD label itself might do. The speaker excludes from treatment the very children who might meet the criteria for ESPD with a mean age of 13 (Vizard et al., 2007).

This ideological dilemma (Billig et al., 1988) is interesting in that 'Early Intervention' is both an intellectual ideology (Lines 2-3) and a lived ideology (Line 12) by which an intellectual system of ideas become 'commonsense'

ideologies (p.28). The notion of a lived ideology is assumed to differ from the view of ideology as an intellectual system of ideas or formalised philosophy which 'presupposes an apparently systematic formalization of facts, interpretations, desires and predictions' (Aron, 1977:309). However, the view employed here, which focuses on 'the dilemmatic aspects of ideology can be seen as opposed to those which assume the basic internal consistency of ideology' (Billig, et al., 1988:29).

When the speaker talks of the prolific abuse (Part Two line 7) she uses extreme case formulation (Pomerantz, 1986). This is a rhetorical feature that may increase the persuasive power of an account (Walton, 2007) which may be deployed by a speaker to remove warrant for the pursuit of an account, and to leave the speaker impervious to critique or doubt (Sacks, 1995). She also appears to make her account even more persuasive in her use of psychodynamic conceptualisation of the children's presenting issues in using 'developmental trauma' by relating it to theory from the psy-complex (Rose, 1989; Parker, 1999c). This could be seen as an attempt to appeal to the researcher by introducing a familiar psychological discourse to encourage shared understanding.

In lines 8-12 (Part Two) the speaker then adds to this the economic argument which is rhetorically powerful in early intervention discourses (Pelosi, 2008). She literally offers the common-sense ideology in early intervention discourses by adding 'it just makes sense' (Line 12). This can be seen in terms of Habermas's (1984) life world concept, whereby the speaker re-positions herself from an 'expert' with 'expert knowledge' and takes up a life world identity position where she speaks the 'common sense' that 'everyone knows'. This could also be said to create the illusion of coherence in her argument as she brings together the intellectual ideological aspects (science and economics) with the lived ideological aspects insisting this is 'making sense' to make a bottom-line argument to both the lay person and the 'expert' (Edwards *et al.*, 1995). It is this bottom-line argument drawn from the early intervention discourse that excludes by positioning children conceptualised as displaying ESPD traits from intervention or as not amenable to intervention because they are aged over three years old (Line 1 Part Two). This also illustrates well how intellectual ideologies can become lived ideologies for society more generally (Billig *et al.*, 1988: 29-32). It should also be acknowledged there is another ideological dilemma within this extract in that the speaker mentions several forms of early interventions from stays in secure units and paying for residential or foster placements alongside placing children into the looked-after children system as not being sufficient but does not seem to conceptualise these as early interventions (Lines 9-11). The

potential political aspects of this, with respect to the political context at the time of interview are explored further in the discussion section.

#### EXTRACT FOURTEEN: Participant 3

An associated issue here which also brought about ideological dilemmas for the speakers arising from holding the tension between a professional belief in early intervention and knowledge that risk prediction in psychiatry was not reliable.

1 **Participant:** I think the big opportunity is to intervene early when people  
2 are still developing relationships and still developing patterns of interacting  
3 with others and when behaviours are not so deeply ingrained and  
4 particularly with people who haven't had secure attachments during their  
5 childhoods and adolescence, if you can provide the security and the  
6 relationships which they haven't had up to that point I think it will  
7 profoundly affect how their personality then develops, so I do think as I  
8 said before there's a very strong case to be looking at this area and to be  
9 thinking about working very differently with young people with emerging  
10 personality difficulties

11 **Interviewer:** yes, but do you think we have the tools to best predict  
12 which of these young people are going to be the Dangerous Severe  
13 Personality Disordered offenders of the future?

14 **Participant:** Risk assessment is not an exact science (1) we are limited  
15 I think (.) we are nowhere near to the position where we can predict with  
16 a hundred percent accuracy, I'd be guessing as to how accurate we can be  
17 and I think whatever we do there will be individuals that will not be  
18 identified and perhaps there will be people who are not going to develop  
19 such profound problems who end up (.) are going to end up being  
20 identified as potentially being individuals that will develop those  
21 problems, so false positives and false negatives are bound to occur.

22 Having said that I do think the young people with the most profound  
23 difficulties are fairly easy to identify and chances are that group of  
24 individuals who are, who have been in children's homes, who have been  
25 in YOI's, who've started offending, who've come from traumatic,  
26 abusive homes, those are the individuals who perhaps nine times out of  
27 ten are going to develop significant personality difficulties later in life  
28 unless something significantly changes for them, for the better in their  
29 lives. So I do think we can identify those people who are most needy and  
30 who are most likely to benefit from appropriate interventions

The participant also thought 'the big opportunity is to intervene early'  
although he does not present this as being at quite as early as the speaker in  
the prior extract. He also worked up a strong argument for early intervention



(Lines 1-8). This can be seen as an example of conflict positioned on a local moral landscape (Harre et al., 2009) which is achieved through a form of Goffman's (1981) 'footings'. Similarly to other participants in Lines 10 and 22 he exercises agency in his not using the term ESPD (Speer, 2001). Following the researchers question, the participant appears to take a more defensive stance as he states 'Risk assessment is not an exact science' and attempts a qualification in stating psychiatrists are nowhere near 'a hundred percent accuracy' and follows this up with stating he'd be 'guessing as to how accurate' risk assessment could be. Though he says these children are 'fairly easy to identify' as he works this argument up with lists (Luke, 1999). Again, Lines 17-25 are so ideologically dilemmatic it is unclear as to how we might be able to say 'nine out of ten cases' when risk assessment is so poor (Coid et al., 2013). We also see a potential waste of money (Lines 20-21) which has been highlighted as an issue with the government funding of early intervention in psychiatry (Pelosi, 2008). There is also ambiguity in the speaker's argument as he does not explain why the case is so strong for working differently if we can already identify 'at risk' youngsters and again, the identifying factors listed seem to be poverty rather than pathology which relates to arguments concerning ASPD which suggest this is a category constructed for the poor (Russell, 1989).

In this extract the participant appears to be using a sandwiched argument, that is, account, counter argument and account (Riley, 2002). However, it should be noted that the researcher may encourage this (Lines 11-13) as she presents the participant with a 'yes-no interrogative' (Raymond, 2002). This could have influenced the speaker in lines 16-26 to further present what can also be seen as a two-sided argument (Abel & Stoke, 1999) to avoid that interrogative set by the researcher. Here it should be acknowledged that the ways in which individuals position themselves in talk may need to be considered within 'the surrounding conversation activities' (Wetherell, 1998:395).

According to Burr (2003) ideological workings of discourses are not exclusively located in language but also in social practices, including the practices of psychology/psychiatry. It could be argued the speakers dilemma arises due to the inherent ideological dilemmas in psychiatric discourses concerning risk assessment (Beck, 1992) illustrated by the '*Ubu-esque*' discourse of psychiatry (Foucault, 2003:12).

## **DISCUSSION**

### **Introduction**

This chapter is a continuation of those discussions which began in the results chapter. There are also explorations of authenticity (Fairclough, 2001), reflexivity (Sheurich, 1997) applicability (Misra, 1993) and potential transferability of findings (Seale, 1999) and the associated consideration of further research opportunities and limitations to the current study.

### **Authenticity and Transferability**

A claim related to issues of research authenticity is that of relevance and in the case of the present research it can be argued that there is a clear connection between the topic of research and a social issue/political event (Wetherell et al., 2001:323). As Norman Fairclough (2001) argues DA is suited to investigation of 'social problems with a semiotic aspect' (p.230). It is assumed this research falls within those confines due to the political nature of the categorisation (Reicher and Hopkins, 2001) and the appropriation of language drawn from diagnostic nomenclature (Edelman, 1977). However, it is accepted these findings may only refer to the specific circumstances in which the research was conducted (Wetherell et al., 2001).

In terms of notions of applicability, this study should be viewed in conjunction with models of usefulness (Wodak, 1999; Misra, 1993) rejecting 'the dogma of immaculate perception' in that it does not deny the will and desires of the perceiver (Nietzsche, 1997). It is further acknowledged that 'all epistemology, ontology and the ways of thinking that yield such categories as epistemology and ontology are socially conditioned and historically relative or contextual' (Scheurich, 1997:33). This is important in terms of the researcher who is also embedded in particular contexts and as Habermas (1971) wrote 'the interpreter cannot abstractly free himself from his hermeneutic point of departure' (p.181). So it is argued that this study may be useful to readers, in different ways but not that the findings should be viewed as truth claims (Wetherell et al.,2001) as it is result of a co-construction between researcher and participants (Mauthner & Doucet, 2003).

In respect of these notions of usefulness (Misra, 1993) a DA study such as this may be academically useful in that it may generate new theory or hypotheses (Seale and Silverman, 1997:380). Or it may provide novel or original explanations of the topic other than that that is currently being studied (Potter & Wetherell, 1987:171). This is often described as 'transferability' which is close to the concept of generalizability and is discussed below (Seale, 1999:45). However, Widdicombe (1995) has argued researchers

should not make recommendations based on their research or impose categories on others.

### **Potential Applications**

Hammersley (1992) accepts we cannot have neutral knowledge about reality but suggests we can have knowledge 'about whose validity we can be reasonably confident of' (p.50). Therefore, it is accepted that current findings may have some transferability (Wetherell et al.,2001). Willig (1999) has suggested DA research has five types of potential application. The first three, providing a space for alternative constructions or versions, campaigning or lobbying are linked to critique. The fourth is through therapeutic intervention to resist established forms of therapy discourses and the fifth is education itself. It is possible that this research could have elements of each.

Some writers see the application of DA research as relating to its critical status in that it challenges established authorities to expose dominance and encourage empowerment (Wetherell et al., 2001:326) which links to the power/knowledge concept (Foucault, 1980). Though, it has also been counter argued DA can have the opposite effect and 'lock' oppressed groups 'into different restrictive discourses' (Willig, 1999:9). More often though, DA

studies have demonstrated the processes by which this may happen and it is hoped this study falls into this latter category (Wetherell et al., 2001).

### **The Reification and Rhetorical or Ideological Functions of ESPD**

This section will review the discourses identified earlier in the researcher and participants local interactions (Wetherell, 1998). The intention is to continue and contextualise those results discussions while providing space for the reader to take what they may find 'useful' (Misra, 1993).

#### ***The Use and Misuse Repertoire***

The first repertoire was drawn on by all participants and could be discursively analysed largely in terms of the concepts of 'footing' (Goffman, 1981), category/epistemological entitlements and as managements of stake or interests (Potter, 1995: 122-140). Footing (Goffman, 1981) refers to relationships speakers have to their descriptions or between their identity and the versions produced (Potter, 1996). The related concept of category or epistemological entitlements refer to the notions that certain categories of individuals in particular contexts, are assumed entitled to use particular epistemologies (Potter, 1996). However, this also illustrates how assumptions of category 'membership' attempt to obviate the need to ask how someone knows something (Potter, 1995). As Widdicombe & Woolfit (1995) have

illustrated 'being a member' is not enough, category memberships are worked up or undermined in discourse in a variety of ways. For example, by undermining those with the 'wrong hands' the proponents of these new terms such as ESPD reinforce the assumption that category members with epistemological entitlements will use such terms appropriately and these terms are the 'right ones' without having to explain why (Vizard et al., 2009:29). This also has a further connection to the concepts of stake and interest, which suggests speakers are not disinterested, they actually have a stake in the action the description relates to, or there are personal, professional power relations to consider and descriptions can be inspected with regards to competences, projects, motives and values (Potter, 1996:124). Interests may also be invoked by undermining certain versions (Potter, 1996).

Some participants subject positioned other professionals 'outside' mental health as not having the 'qualifications' to use the ESPD term appropriately. Undermining the epistemological entitlements of other professionals in this way was a common rhetorical strategy for participants to work up their epistemological entitlement. Other professionals were also positioned as uneducated, unconsidered or impulsive which counter positioned mental health professionals as more considered and sensitive to individuals with a PD diagnosis which is in opposition to considerable historical and contemporary literature reviewed earlier. The rhetorical strategies used to

work up category and epistemological entitlement by undermining entitlements of others often caused powerful ideological dilemmas (Billig et al., 1988) particularly when the participants did so while inappropriately referring to ESPD as a 'diagnosis' similar to academics commenting on DSPD (White, 1999)

Others subject positioned 'society' as potentially using the ESPD research term in careless ways working up their entitlements to keep ESPD 'a pure diagnostic instrument' whilst undermining society as potentially 'contaminating' the term. This also saw participants using rhetorically powerful devices to manage their own stakes in psychiatric labelling (Potter, 1996:115). There was a tendency towards presenting diagnostic categories or research terms as being somehow protected by those who use them and them becoming tainted by the public's potential misuse of them. This rhetorically powerful device of stake and interest management positioned mental health professionals as being fully informed and having shared understandings which were uncontested and 'uncontaminated'. This would also suggest that psychiatric labelling is not tainted by professional interpretation, which again is contestable, and so needs working up in arguments (Caplan, 1992; Kutchins and Kirk, 1997; Davies, 2013). Moreover, psychiatric terminology was positioned as separate from society when psychology/psychiatry are themselves social practices (Parker, 1992)



and judgements about psychiatric categorization are made by society, albeit a particular section of society (Ellard, 1989).

The media were also often positioned as potentially misusing the ESPD term and were most often cited as the potential source of misinformation. This might not be surprising due to the UK's penal populist culture (Green 2010). Arguments here were worked up using offensive rhetoric which undermined the press due to their own interest management (Potter, 1996:107). However, this also obfuscated the links professionals and academics have with the popular press and thus their potential culpability. This link to professional knowledge in this misinformation been noted in DA studies concerning psychopathy (Paulsen, 2010:60). Moreover, positioning appeared to present the press and/or public as mislabelling children which rhetorically avoided popular criticism of mental health practitioners over labelling children (Breggin, 1996: Rutter et al., 2010; Carr, 2010).

Some participants positioned 'us' researchers and practitioners as potentially using the ESPD term in inappropriate ways, with many questioning the appropriateness of the term altogether. Many thought it suggested 'we' knew something we couldn't possibly know. This was often due to the issues concerning the unreliability of risk prediction in psychiatry (Beck, 1992) or

unreliability of tools like the PCL-RV (Hare, 1993, 1996). This positioning fits with Foucault's positioning of psychiatric experts as having little more to offer other than hindsight presented as expertise and causal explanation (Foucault, 2003:36). Other participants also positioned practitioners/researchers as potentially misusing the term most notably in class-biased ways (Guttwell & Hollander, 1996). This was often formulated in classes of two, the rich and the poor with no one in between (Sacks, 1981). The rich and poor were positioned as very different in terms of their crimes. This appeared to illustrate the argument that dangerousness signifies a relative position in the social structure (Sarbin, 1969:77). ). Importantly, participants often referred to 'us' which was a powerful reminder that the interviewer also has an interest here to manage.

One possible criticism here concerning category membership/epistemological entitlement is that, if a reflexive analysis is made, assumptions of category membership/epistemological entitlement were also assumed for participation in the study. This brings the author to an ideological dilemma herself as she has expected these participants to have the knowledge concerning ESPD required for participation, without explanation. Thus the author is highlighting power relations that she herself is perpetuating. In reflexive critique terms the author is also, like all the participants, not disinterested in certain arguments, she too has stake and interest as she is

employed by the state and it is her sense of epistemological entitlement that also allows her to research this topic without explanation other than that provided by her training context. Another issue here concerns how ESPD is interpreted and understood by different practitioners and the researcher, which due to its being poorly defined did seem to vary, which echoes those confusions noted in the background chapter concerning the adult constructs downwardly extended to children in ESPD and brings about a question as to whether this is the 'common language' that ESPD's proposers suggest we need (Vizard et al., 2009:29).

### ***The Evoking Images Repertoire***

This repertoire concerned the images the ESPD label could evoke of children. As Murray Edelman (1977) argues 'a term is the thought it evokes, not a tool for expressing a pre-existing thought' (p. 24). The images participants thought ESPD might evoke were those of psychopaths, both 'real' and fictional and of children who had committed serious acts of interpersonal violence and grave crimes in high profile cases. Commenting on 'statement as function' (Foucault, 1972:98) Linda Graham (2005) suggests this can be theorised as a 'discursive junction box where words and things intersect and become invested with particular relations of power' (p.7). These images may suggest we need to think about the socio-cultural or socio-historical contexts from

which participants arguments may be drawn or influenced, so ‘when analysing our always partial piece of the argumentative texture we look also to the broader forms of intelligibility running through the texture more generally’ (Wetherell, 1998). This is what Shapiro (1992) means by the concept of ‘proto conversations’ the conversational or discursive history which makes this particular conversation possible’ (Wetherell, 1998:403). This repertoire illustrated this most starkly as it appeared to bring together certain factors, which, like Graham’s (2005) ‘junction box’, saw ESPD as inextricably linked to those events and developments in the UK or in psychology and psychiatry which have made ESPD possible. These were the invention of the psychopathy checklist and checklist for youth (Hare, 1993, 1997), the employment of Cleckley’s criteria for psychopathy in that checklist which has seen it conflate psychopathy and violence (Skeem & Cooke, 2008), popular media representations of violent ‘psychopaths’ (Harris, 1981), and the murder of James Bulger and the case of the ‘J’ children (See appendix x) both of which are linked to the main proposer of ESPD as she was an ‘expert witness’ in both trials (Morrison, 1996). The Bulger case also brought about the changes in law relating to youth crime (Fionda, 2005) and which ushered in an interventionist imperative in law (Muncie, 2010) and the Crime and Disorder Act (1998) which makes the ESPD ‘conversation’ possible. The citing of these cases appeared to form ‘extreme case formulations’ (Pomerantz, 1986) which may be an issue if ESPD is going to be used as a

marker of risk as these cases were so high profile they have become distorted (Young, 1996). As we are not concerned with motivations in DA it is unclear as to whether this indicated children 'like this' would be treated differently by the practitioners or whether participants were keen not to demonise children who have violently offended as they often are in our penal populist culture (Green, 2010).

Although a detailed history of the emergence of childhood (see Postman, 1994) or of delinquency (Pearson, 1983) and violence and murder by children (see Loach, 2009) and associated historical issues in politics and media (see Green, 2010) or Law (see Cavadino, 1996) are well beyond the scope of this research, each of the aforementioned authors explore in some sense the categorising and separation of children from adults. Discursive psychologists would argue that we need to think about the politics of category construction here (Reicher and Hopkins, 2001; Edwards, 1991) and in particular, categorising children as 'innocent' is a complex system of meanings and practices which produce knowledges and forms of truth about children and as such 'innocence' is constructed in relation to power as an 'ideological field' against which other versions of children are constructed (Reynolds and Wetherell, 2003: 493). This leads to the opposite construction of children as evil in popular discourses concerning children who offend (Fionda, 2005). With regard to children who may be labelled ESPD who may have offended

violently or sexually ‘it is not the objects that remain constant, nor the domain that they form; it is not even their point of emergence or their mode of characterisation; but the relation between the surfaces on which they appear’ Foucault (2002 52).

### ***The Excluded and Untreatable Repertoire***

Unsurprisingly this repertoire was common to all. Children were positioned as powerless and excluded and a significant majority of participants thought that by using a term connected to PD this could become iatrogenic, which is to cause an illness or disorder through labelling itself (Illich, 1975). Some participants thought the ESPD labels connotations about treatability might cause children’s traits to become ingrained in the way they were perceived and treated by practitioners, positioning practitioners as a potential source of iatrogenesis. Participants thought that this would happen due to the way practitioners might potentially ‘treat and interact’ with those children. As mentioned in the results section, some speakers exercised autonomy and refused to see these young people ‘spoken by’ ESPD and they demonstrated their autonomy by choosing not to use this term and in particular refused to reference personality disorder at all favouring ‘emerging difficulties’ as an alternative construction (Willig, 2008). This appears to illustrate the arguments in the methodology section with regard to being able to negotiate

around discourses, and rejecting them with counter-discourse (Moussa & Scapp, 1996).

Within this repertoire there was subject positioning of self and other professionals as being frustrated and angry at being forced to work with something that they had no treatment or services for. This might be unsurprising when taken in context with the socio-political climate which has seen a government initiative to improve services for people with personality disorder diagnoses including making changes to the mental health act and the public vilification of psychiatrists by politicians preceding the DSPD pilots for not treating PD (Hansard, 1998). Many participants appeared to take the same position as they would with adults with PD, rather than seeing ESPD as a term to signal 'risk' early and the position taken rarely changed from that taken up in relation to adults who had been formally diagnosed. During the interviews many participants, thought there was not enough research or treatments to warrant the term. This positioning often brought about discourses of being forced into a position where practitioners appeared to be frustrated, angry and very wary of criticism if they cannot give meaningful treatments. Again, despite reluctance in DA to infer too far past the discourse itself this did raise questions about how this might play out in terms of power relations in the clinical context. Other practitioners were adamant nothing could be done for these young people and actually drew upon the DSPD

project to subject position the government as forcing them to work with dangerous or potentially dangerous people, although there was often a theme that we can already predict who these young people are and 'where some young people are going' which subject positioned children as having no hope. Interestingly some participants used ridicule by taking government terminologies such as the 'what works' strategy and using them sarcastically to make their arguments (Potter, 1995:167). This raised another question, when taken in historical context as there may now be more resistance from practitioners to work with these children due to feeling forced by governments to treat something, which since the nineteen century has signalled 'untreatable' (Paris, 1996).

### **The Ideological Dilemmas**

Throughout the repertoires there were considerable ideological dilemmas arising in participants talk (Billig et al., 1988). This is perhaps unsurprising due to the patterning of ideologies involved. These justifications, blamings, and inconsistencies, are characteristic qualities of the interpretative repertoire (Reynolds & Wetherell, 2003).



### ***Our label/Their label***

A primary role of 'the rhetorical analyst is to determine how constructions of "the real" are made persuasive' (Simons, 1990:11) and throughout the interviews there appeared to be a sense of speakers reifying ESPD in their talk which took several different forms (Tillich, 1988; Potter, 1995). A reifying discourse constructs versions of the world as solid and factual, turning the abstract into a material thing and producing something as an object (Potter, 1995:107). This is similar to Foucault's (1980) 'effects in the real' that is, the ways in which particular objects become formed (p.237). Many speakers reified the ESPD term by referring to it as a diagnosis as happened with DSPD before it. (e.g. White, 1999). It is unclear as to why practitioners referred to the ESPD term as a diagnosis in the same way as commentators on the DSPD pilots, though it could be argued the terms themselves draw from psychiatric diagnoses (in their appropriation of personality disorder) which could itself be classed as an act of reification by politicians and psychiatrists (DoH, 1999, Edelman, 1977). This could also be considered in the framework of Foucault's concept of the statement as 'a function' (Foucault, 1972:98). This is where words intersect in ways that lead to their becoming invested with 'power relations' (Foucault, 1991a:201) in an 'act of formulation' (Foucault, 1972:93) which 'enable forms to become manifest' (Foucault, 1972:99) and 'to appear' as objects (Foucault, 1972:50) 'fully formed and armed' (Foucault, 1972:47). Thus the appropriation of the

personality disorder construct, in the ESPD term, may have a reifying quality which invests it with power as it infers formal diagnosis of personality disorder and all meaning that accompanies that diagnosis (Tucker, 2009). It also appears to define a young person's identity as many reified it referring to it as something that can be 'got' or as something the child 'is' (Avdi, 2005). As Laing (1990) suggested the diagnosis (or term) which is assumed to be a diagnosis) becomes the identity of the person. Erving Goffman (1986) suggests this is the process by which the person is thus reduced in our minds from a whole and usual person to a tainted, discounted one. This reification and erroneous referring to the term as a diagnosis was ideologically dilemmatic as practitioners tended to do this while presenting others as potentially using it 'incorrectly'. An associated ideological dilemma arising here out of the use/misuse repertoire, the excluded and untreatable repertoire and the evoking images repertoire was that many thought the term meant that 'people' would have negative attitudes towards the young people, it would not serve much purpose and the child would not benefit from being identified with this term. However, the label was positioned as better than other labels such as 'evil'. This created a dilemma for participants in that they thought the label was largely unhelpful but it could be positioned as somewhat better than that which 'others' might use.

### *Looking past labels/Unable to look past labels*

Across the data set, professions and institutions, despite the participants often positioning themselves and their institutions as able to 'look past the label' or as being 'wary' of labels and their connotations, many also began to contradict this position throughout their interviews as they spoke about children who might potentially be described using this term manipulating them or feeling they needed protection from them and there was a tendency with this label to have very set notions of the child who was most often separated in their talk from other offenders, even violent sexual offenders. This also brought about worries about training and skills to handle these young people. Many participants, despite their rhetoric concerning not treating children differently if they were identified with the ESPD label did demonstrate different ideas about this group. Additionally, those who often thought they looked past the label actually appeared to draw their image of the child (potentially 'at risk' for PD) as the same as adults with 'severe personality disorders'.

Children with very complex traumas which could be conceptualised within the ESPD construct framework were often positioned as powerless, as welfare cases or as intellectually deficit, misunderstood or in need of understanding. However, when referring to their behaviours, the children were positioned as powerful in terms of their abilities to manipulate and as children practitioners require being 'protected' from. This notion of manipulation, linked

inextricably to ASPD, appeared to function ideologically to position children with suspected ESPD as somehow more 'powerful' than adult practitioners trained to deal with children with incredibly complex presentations and possibly violent and challenging behaviours. The notion of manipulation also appears to infer psychological and intellectual superiority which is consistent with Cleckleys (1941) definition of the psychopath which has been employed in the PCL-RV (Hare, 1993, 1996) but would seem to contradict the profiles of children sampled in the ESPD traits study 35% of whom suffered intellectual disability (an IQ score of minus 70) and 67% of whom were excluded from school (Vizard et al., 2007:35).

### ***Early Intervention/Early Exclusion***

The ideological dilemma which was the most prevalent appeared to arise out of the excluded and untreatable repertoire. This had two particularly strong themes in that many practitioners who were concerned about children being potentially excluded if identified by a term referencing PD also appeared discursively to exclude children of certain ages from intervention themselves due to beliefs that early intervention was the only 'treatment'. This also became dilemmatic in another sense as the practitioners conceded risk prediction in psychiatry was poor (Coid et al., 2013).

Beliefs in early intervention were often inconsistent, in that it was never clear what it was, time frames varied for this, none cited actual treatments on intervening and many cited children involved with multiple services from very young ages, but these services (most often the practitioners own places of work) were not considered 'early interventions' (see Pelosi, 2008). This ideological dilemma was also evidenced in the Early Intervention in Personality Disorder Conference report (Vizard et al., 2009) as the treatments presented were not suitable for looked after children of which 90% of the ESPD study were. Issues of untreatable children without services to meet their needs (Epps, 2006) then becomes the argument for 'earlier intervention' excluding those older children (in some cases those over three years old for some participants in this study) and reinforcing ideas that ESPD rather than signalling 'at risk' signalled 'untreatable'. As Anthony Pelosi (2008) writes on early intervention in psychiatry:

*'this self-imposed lack of clinical experience combined with relentless political lobbying have lead to unacceptable distortions of healthcare priorities. It is time to divert resources to ordinary clinicians who are prepared to tackle the genuine challenges of treating and trying to prevent severe mental illness' (p.1).*

When viewed in a CDP framework this belief in early intervention appeared connected to the working up of interest management because despite most

practitioners citing poverty as the 'cause' of PD (Magnavita, 2000) this was not what the practitioners wanted the government to tackle and fund, instead they wanted funding to 'treat' at early ages without citing what this might look like in practice, nor did they say by which risk assessment processes we might predict who should receive such 'treatment'. This appears to lend weight to critical perspectives which view psychiatry/psychology as social control professions (Cohen, 1975).

Moreover, these notions of 'early intervention' also appeared to function rhetorically to prevent any discourses about the possible failings by services in certain cases, where despite many 'early interventions' children have not been safeguarded for (Bentovim et al., 2009). More 'effective earlier intervention' rhetoric can be seen frequently in serious case reviews like the case of the 'J' children (Carlisle, 2012:50) despite significant service involvement since birth (appendix x). In a variety of contexts 'early intervention' appears to serve as a powerful bottom-line argument even when it fails (Edwards et al., 2005; Pelosi, 2008). As illustrated in the extracts timeframes varied greatly between participants for 'early intervention' from ages 0-3 for one participant and up to 'adolescence' for another and few believed psychiatry was reliable enough to predict who might require such interventions, thus conceding money and resources would be wasted in many targeted cases, which conflicted with their economic arguments for early

intervention (Pelosi, 2008; Coid et al., 2013). Moreover, if we intervene early in something that has not yet developed but we merely suspect will develop, how would we evidence efficacy or outcomes in our political era of evidence-based practice? This is something the Governments Allen (2011) report for 'Early Intervention' fails to mention. Billig and Colleagues (1988) have argued inconsistencies like these noted can be easily illustrated in an assumed coherent intellectual ideology (like early intervention) when viewed discursively.

The basic premise of this piece of research was to interrogate the ideological functions of ESPD as a discursive formation and it was here, perhaps that one could best see what Linda Graham (2005) describes as a 'discursive junction-box' in which words and things intersect and become invested with relations of power, resulting in an interpellative event' (p.7) where these discourses of non-treatability, ingrained traits, lack of treatments then meet with discourses of early intervention, risk assessment and prediction in psychiatry and each of these become reified in the ESPD term itself (Tillich, 1988). Early intervention thus becomes an offensive rhetoric, in that it undermines alternative arguments and may, ideologically function to exclude young people with complex trauma difficulties of a certain age by dominating discourses focusing on those much younger children and families. Thus we could say in terms of subject positioning the 'interpellative event' as Linda

Graham refers to this, drawing from Althusser's (1971) explanation of the way ideology 'acts' or 'functions' via interpellation of subjects 'hailed' by discourse (p.48) that the dominant discourses of early intervention serve to interpellate the high risk children we work with *now* into a subject position of 'no hope'.

From a CDP perspective, early intervention is fascinating ideologically as it is both an intellectual *and* a lived ideology (Billig et al., 1988:28 my italics). This may be what invests it with such power in terms of the power/knowledge equation (Foucault, 1980). Early intervention is both a 'scientific' and a 'common-sense' ideology and interestingly in this context these types of ideologies do not conflict with each other as Billig and Colleagues (1988:32) argue. Perhaps because early intervention is a fragmented, inconsistent 'scientific' concept which, because it appears to make good 'common-sense' it is never really explained. It is fair to generalise that most people, regardless of their epistemological entitlement (or lack of entitlement) to speak about early intervention or ESPD (Potter, 1995) would agree that 'prevention is better than cure'. However, such idiomatic expressions (Drew & Holt (1989) tell us nothing about the process involved similarly to proponents of 'early intervention' (see Allen Report, 2011).



Here it is argued, is where this current study may expose the discourse processes by which ESPD with its connection to ‘early intervention’ may ‘lock’ high-risk older children into restricted discourses concerning services and treatment (Wetherell et al., 2001:326). For ESPD so far, ‘early intervention’ *is* the only ‘treatment’ (Vizard et al., 2004, 2009) working as an offensive rhetoric (Potter, 1995:107) and ‘winning argument’ for all participants in this study (Edley, 2001) in a local rhetorical war (Lyotard, 1984:17) by cancelling out all other discourses concerning treatment for those children experiencing complex trauma now (Garland, 1995) thus those children were discursively excluded and were positioned as untreatable in exactly the same way as their adult counterparts with formal PD diagnoses have been historically (Paris, 1996).

### **Meeting the Research Aims**

The research aims drew from the Foucauldian philosophy (1980) that we can reveal the ideological function of a science by questioning it as a discursive formation and the discursive psychological position on rhetoric (Potter 1996) and as such it does seem that this has brought about a new ‘version’ of ESPD. It also appears to meet its aim in terms of highlighting potential reification of ESPD. This mostly revealed how, for these participants it may function discursively in ways opposite to those intended by the proposers. ESPD

appeared to evoke images of adult psychopaths, of violent or grave crimes and actual high profile cases rather than signalling ‘at risk for’ (Vizard et al., 2007). ESPD also appeared to discursively exclude rather than include in terms of ‘early intervention’ or ‘treatment’ (Vizard et al., 2009) and as far as claims that ‘the right terms in the wrong hands can lead to the pejorative use of an otherwise non-pejorative label’ (Vizard et al., 2009:29) this study appeared to illustrate how those ‘right hands’ some with similar professions to the proposers themselves had to work up their epistemological entitlements to use this term and that it had pejorative connotations for many. Moreover, many of those ‘right hands’ discursively reified ESPD inappropriately as a diagnosis (Tillich, 1988) and one with a very poor prognosis. This was accompanied by frustration at being forced to work with the historically untreatable which may be an issue relationally when working with children suspected of developing serious interpersonal difficulties (Bleiberg, 2001). In these respects it did seem as though the research met its aims, had authenticity, some transferability (Wetherell et al., 2001; Fairclough, 2001) and due to the sample and richness of the data revealed a version which we might be reasonably confident of in the wider context (Hammersley, 1992). However, the title to this thesis may be misleading as it cannot cover *all* ESPD’s possible reification processes or rhetorical and ideological functions (Ely et al., 1991).

## **A Critical Appraisal of Reflexivity**

Reflexivity is open to interpretation (Lynch, 2000). A significant shortcoming with concurrent reflexive analyses (Ely, 1999) of research such as this is that the researcher is perhaps too close to the topic over the two years to evaluate as reflexively as they might later (Mouthner & Doucett, 2003:415). This can make it difficult to know what should be included as relevant (Ely, 1999) and unlike most DA researchers, this researcher also practices psychodynamic therapy so there is an awareness of the potential for unconscious processes here which may remain unconscious. In this respect certain perspectives on reflexivity are problematic. How does one say for certain how they might have shaped the research (Atkinson, 2000) and balance accountability/critical thinking without becoming too subjective or confessional (Finlay, 1998, 2002).

There was an attempt to be transparent by contextualising the researchers approach in the preface as a reflexive consideration in line with Burr (2003) who has argued DA researchers should contextualise their research by incorporating their accounts and subjectivities (Kidder and Fine, 1997). However, the preface is a discourse, full of rhetoric and the researcher's rhetorical strategies continue throughout from the literature review, to the presentation of the research process and through to analysis, discussion and to this very sentence (Gough, 2003). Harper (1999) notes these difficulties with balancing notions of being too interested or biased. However, bias occurs

in all research (Ely et al., 1991) and there are objections to ‘autobiographical accounts’ in research so these were kept to a minimum though a certain amount of information can help to identify personal and methodological failings and it is acknowledged this will take a narrative form, as did the preface (Bogdan & Biklen, 1982).

### **Future Research**

This study had a relatively broad aim, but a fairly limited scope and the findings may be best viewed as indicating some interesting opportunities for future researchers. Primarily the research may indicate future opportunities to approach terminology used to describe groups in the positivist field as discursive formations which may help to gauge where these might need modification. Terms do not simply identify that which they are intended to describe they are interpreted, invested with power relations, ideologies and they function rhetorically (Billig et al., 1988). This may require far more consideration in propositions for new terminologies than those concerning ESPD afford to it. Despite concentration on ‘evidence’ in such studies there is never evidence provided for rhetorical claims that the ESPD label would help ‘nip offending behaviour in the bud’ (Vizard, 2009) which is simply an echo of the interventionist imperatives in the wording of the Crime and Disorder Act (1998). Studies like this one may indicate an ethically just

(Derrida, 1992) requirement for analysis of discourses concerning the way we propose labels to ‘manage and identify’ (Vizard, 2004) ‘problem’ groups (Graham, 2005) because DA can reveal potential issues with those labels in ways positivist medico-legal approaches cannot accommodate.

A major research opportunity would be to investigate early intervention as a discursive formation in itself. The ways that early intervention appeared to cause ideological dilemmas and cancel out all other treatment discourses was an indication that this too should be investigated in DA research. The ‘justifications and blaming’s’ (Reynolds and Wetherell, 2003) it appeared to support were also perhaps worthy of far more attention than could be given here. Early intervention in PD, when investigated as a discursive formation could be particularly interesting as it is both a ‘common sense’ and an ‘intellectual’ ideology (Billig, 1988) which would be a fascinating topic in terms of the power/knowledge equation (Foucault, 1980). Thus, it might be particularly suited to Wetherell’s (1998) ‘productive synthesis’ of DP and FDA and revisit those realist/relativist debates if studied as ‘promissory discourses’ such as those DA studies concerning psychopathy which have seen participants discursively construct neuroscience as the ‘answer’ (Pickersgill, 2011).

### **Limitations of the current study**

The main limitation of the study is the methodology itself (Habbermas, 1987). Methodology constrains research findings as it provides a hermeneutical lens through which a particular version could be produced and presented, where others could not. The employment of any other methodology, such as grounded theory (Glazer & Strauss, 1967; Charmaz, 2006) or interpretative phenomenological analysis (Smith & Olsen, 2003) could yield another, different version.

One of the more common issues in studies of this kind is the use of semi-structured interviews (Wetherell et al., 2001) which are a somewhat 'contrived' way of collecting data (Speer, 2002). As the researcher has an agenda and takes a critical stance to the topic this can produce particular power relations which may be re-produced in the write up (Parker, 1994). This is something which is difficult to 'control for' despite claims of reflexivity (Scheurich, 1997). The research context may also have had particular effects on some participant's answers and this may well have been lessened by change in environment (Potter, 1995). This may have influenced certain ideological dilemmas (Billig, 1988). Some of these issues may have been better handled in a more naturalistic method of group discussion in a

neutral setting (Potter, 2002). Though group discussions bring with them other power relations which may be problematic, for example there was a 'hierarchy' of professions, perhaps some would exert their 'epistemological entitlement' over others using those strategies illustrated in the results chapter.

Another associated issue is that due to limited space, much of the researchers interaction had to be removed from the results section and this means responses may be somewhat decontextualized (Potter, 1996). As DA sees the interviewer as another participant (Wetherell et al., 2001) so it was noted in the results/discussion where researcher may have influenced the participant or constrained response (Willig, 2009). Another possible criticism here could arise from the necessity, particularly in the ideological dilemmas section to have to provide two somewhat decontextualized extracts to demonstrate the dilemmas, however ideological dilemmas run through whole interviews, rather than single responses (Billig et al., 1988). For this reason one of those transcripts from which one of the double extracts were taken was chosen as the sample transcript (See appendix ix). The researchers own critical stance may also influence the analysis in that they decide which repertoires appear more dominant so those which could not be included are provided (See appendix xi) However, admittedly being a novice in DA may mean that I have imported my own categories on to the research process (Schegloff, 1997).

A major limitation methodologically is that it is difficult for the most seasoned of DA researchers to decide what is relativist or critical realist (discursive or non-discursive) which Mather (2000) suggests results from the fact that the debate largely focuses on whether linguistic statements refer to anything other than themselves. Moreover, this can bring another problem in terms of notions of a causal relationship between the micro and the macro (discursive and extra-discursive) as put forward by CDP researchers (Wetherell, 1998; Edley & Wetherell, 2001) because causality can be exaggerated (Pratten, 2009) despite failure to clarify impact of social structural forces on this. Some of these epistemological debates may well reveal further limitations to this piece of research as the many perspectives on this could not be covered.

The most pertinent question arising from this is perhaps whether the researcher would employ a critical discursive psychological approach to the topic should she begin the process again. In terms of researcher competency, it might have been wiser to have used one approach and to have expanded that knowledge base more fully. In terms of suitability to research question, this still appears to be a productive methodology which appeared to 'fill the gaps' concerning this terminology which could not be explored in the positivist/empiricist research so far concerning ESPD and language as constitutive (Edley, 2001). However, this 'productive synthesis' (Wetherell,



1998) sometimes felt, in a small research piece like this as though it encountered issues which have been highlighted with critical realist work before, that these two essentially incompatible epistemologies can result in analyses which may veer inconsistently between these positions (Speer,2007:129). This study did somewhat appear to veer towards the Discursive Psychological in terms of analysis and Foucauldian philosophy (perhaps rather than methodology) was more supportive as a foundation. Should the researcher attempt this again, separate analyses could be more productive, though it could be difficult to separate them. Speer's (2007) criticism appears to assume these epistemologies as fixed truths which can be easily distinguished from each other which may not be so. Such conflicts concerning the realist debates will continue in social constructionism (Edley, 2001) and in a study of this size it is accepted those debates cannot be adequately explored.

A particularly pervasive issue with 'ESPD' and associated terms such as 'callous-unemotional' which has been raised by the proposers and the participants in this research, is that of 'appropriate' use (Vizaard et al., 2009). This begs the reflexive question, has *this* researcher 'used' ESPD appropriately? This is difficult to answer as appropriate usage is worked up in argument because ESPD is a construct, which like PD is poorly defined and takes on different forms across papers from 'severe personality disorder

emerging in childhood' (Vizard, 2004) 'emerging severe personality disorder traits in childhood' (Vizard, 2007) to 'early severe personality disorder' (Vizard, 2009) according to context. As the proposers suggest we do need a common language to use, but it doesn't seem we have one here and meaning varies widely amongst practitioners. This makes critical discursive work difficult, so it is acknowledged some participants (all of whom were familiar with the concept) may have been talking about different things. However, any confusion might be further indicative of potentially serious clinical/research issues with terms drawn from ill-defined diagnostic constructs such as 'PD' or 'psychopathy' which often confound research validity and reliability in the positivist sciences (Livesley 2001) and could be an issue for future ESPD studies.

Michel Foucault (1980) said he did not care to dictate how things should be in terms of a so-called 'Foucaudian approach' because, had he done so, he would have fallen foul of his own critique (Graham, 2005). Following from this, DA researchers are wary of dictating too far the potential implications/applications of research (Wetherell, et al., 2001). With that in mind, this author is somewhat cautious in stating what implications her research might have for 'counselling psychology' lest she falls foul of her own critical approach to reification processes and contradicts her epistemological standpoint. One must also be mindful that any statements made about this would necessarily assume that we know what counselling

psychology 'is' which is made further problematic considering counselling psychology is a discipline which is heavily influenced by pluralism in philosophy and postmodern thought (See Clark & Loewenthal, 2014). To adequately consider the potential implications of this research for the discipline itself would require complex interrogation of what the discipline of counselling psychology was historically constructed and positioned against and the political aspects of this for therapy itself (for a brief review see Pugh & Coyle, 2000; Strawbridge & James, 2001). Unfortunately, there is no sufficient space for that here. However, when looked at in the most simplistic terms, some counselling psychologists would argue that counselling psychology has a 'critical edge' over other applied psychology disciplines (Strawbridge and Woolfe, 2010) and there are claims that its aims are focused towards social justice (Rostosky & Riggle, 2011) or political reform in applied psychology (Rubel & Ratts, 2011). If this is so (which this author would argue is highly debatable) then the potential implications of this piece for the discipline should be self-explanatory (Toporek & Vaughn, 2010). Moreover, (in terms of counselling psychology's most simplistic representations of its identity) the current study's critical focus on constructions of psychopathology, the political influence of 'standardised' measures for assessment of constructs such as 'personality' or 'psychopathy' and it's questioning what counts as 'scientific evidence' in particular contexts or what that 'evidence' might mean for a relational approach to subjectivities

in the consulting room – does appear to echo particular factors which have been identified by other counselling psychologists and our registering body as central to the foundations and ‘identity’ of our discipline (See Strawbridge et al. 2010; BPS, 2005; Strawbridge & James, 2001). Therefore, if indeed these factors are integral to the discipline itself, then this research is an attempt to uphold integral foundational values of that discipline in knowledge production and dissemination. However, as Parker (1995) argues there may not actually be a place *inside* psychology for a truly critical psychology to start and this assertion appears to have more and more resonance for critically-focused counselling psychologists in the current political climate. So, in the most part, when taking into account another of counselling psychology’s principle focuses – that of ‘reflexive’ practices (Ely et al., 1999) it is hoped that while questioning the reification and objectification processes in psychiatric category construction, research like the present piece might primarily encourage the ‘counselling psychologist’ to reconsider their own place and the place of their discipline *within* those processes. Historical notions of our discipline as having some ethical or critical ‘edge’ over other applied psychology disciplines could lead us into a way of thinking about our own in ways which may help us to unwittingly dodge our own complicity in the construction and practice of disciplinary technologies on docile bodies (Foucault, 1977). While counselling psychologists proliferate in public services in a climate of epistemologically debatable ‘evidence-based practice’

(See Proctor, 2005) it is argued that research such as the current piece may indicate where the so-called 'scientist-practitioner' (Strawbridge & Woolfe, 2010) should interrogate and revise their own influences in the constructions and reifications of 'psychological intervention' as it evolves further into a disciplinary technology (Foucault, 1977) by agents of social control (Cohen, 1975) via the psy-complex (Rose, 1984) in a disconcerting era of risk politics (Beck, 1992) and governmentality (Foucault, 1977 in Burchill, 1992).

## **CONCLUSION**

It has been argued that there are no definitive or simple ways to decide what is a good or bad discourse analysis (van Dijk, 1997) most probably due to these binary language categories being far too close to notions of objective truths in themselves (Smith et al., 2010). However, it is hoped what has been presented here by a novice DA researcher is a good enough DA study (Smith, 2004). Although, in consideration of the methodology in conjunction with the researcher's intentions, one would like to discount the notion of a 'conclusion' per se. This research was not intended as an objective final word. Instead it is intended as a piece which picked up from issues concerning the use of this ESPD term and others like it and should be seen as another discourse, bringing about an alternative version and possibly new research opportunities or hypotheses (Potter & Wetherell, 1987:171). This is hoped to encourage further debate about the ESPD terminology and those children who are so often excluded from the services they may require.

## Appendix I

### Timeline of events, publications and discourses of relevance to the study

These are supplied for the reader to give context to some of the events mentioned in the main study. References for the papers and publication are in the main references. These are not exhaustive.

1993

James Bulger aged two is killed by Robert Thompson and Jon Venables. Both are aged ten and known as Boy A and Boy B

1993

Shadow Home Secretary Tony Blair speaks about the Bulger Murder in House of Commons

1993

Thompson and Venables are tried as adults in an adult court for Murder, Trial Judge Justice Morland controversially allows the boys to be named

1993

Eileen Vizard gives evidence of Robert Thompson's moral culpability

1993

Robert Thompson receives a longer sentence than Jon Venables

1994

Home Secretary Michael Howard intervenes in Thompson and Venables Tarriff increasing it to 15 years for each

1996

Lin Russell and Daughter Megan are murdered by Michael Stone

1996

Patient or prisoner? Discussion paper is published

1997

New Labour Government come to power after 18 years of conservative rule in UK

1997

White paper 'No More Excuses: A New Approach to Tackling Youth Crime in England and Wales' is published

1997

Howards intervention in minimum sentence for Bulger Murder is overturned by House of Lords

1997

Doli Incapax is abolished

1997

Dedicated 'Social Exclusion unit' is set up by New Labour

1998

Michael Stone is convicted of the Russell Murders

1998

Crime and Disorder Act

1999

Youth Justice and Criminal Evidence Act

1999

Managing dangerous people with severe personality disorders (DSPD) programme initiative green paper

2000

Victoria Climbié is murdered

2001

Robert Thompson and Jon Venables are released on life-licence after 8 years in secure units. Home Secretary David Blunkett adds his own conditions to their licenses that he will have daily reports on the boys.



2001

Laming Review of Climbie case shows 12 occasions where services failed to intervene and save Victoria's life

2001

800 children under 15 were given custodial sentences (up from 100 in 1992)

2001

Independent review is published stating Michael Stone was not refused psychiatric services

2002

The United Nations Committee on the Rights of the Child formally raise concerns about the youth justice policy and practice in England and Wales

2002

Lord Laming reopens the Victoria Climbié inquiry after it is revealed key social services documents were not submitted

2002

Two social workers are sacked for gross misconduct in the Climbié case

2003

Respect and Responsibility: taking a stand against anti-social behaviour paper is published

2003

House of Lords/House of Commons Joint Committee on Human Rights state concern about criminalising interventions at a young age and extraordinarily high rates of child incarceration

2004

First Proposal for Emerging Severe Personality Disorder

2007

Jon Venables is re-called to prison after child pornography charges. Robert Thompson is thought to be rehabilitated.

2007

Baby 'P' or Peter Connelly is found dead in his cot

2007

Early Intervention in PD conference

2007

Inquiry into Baby 'P' Case details service failures

2007

First ESPD study is funded by the Ministry of Justice

2009

The 'J children' violently and sexually assault two children

2009

Social exclusion conference paper is released

2009

Leaked report in baby 'P' case shows further missed opportunities to save him

2009

Eileen Vizard is expert witness in 'J' children case

2010

The Omand Review: Independent serious further offence review: The case of Jon Venables is published and states there were no indications of sexual interests in children

2011

The Graham Allen Report, The Next Steps: Early Intervention is published

2011

The UK riots take place

2012

J children serious case review

## Appendix II

### James Bulger Murder

In 1993 two year old James Bulger was abducted from a shopping centre in Bootle Liverpool by two ten year old boys. They took him on a walk and on to a railway line where he was subjected to an attack by the two boys who pelted him with stones, removed his lower garments, threw paint and batteries at him, beat him with bars and finally laid him across the railway track. The boys then covered his face with his underpants and stones and left his body there to be cut in two by an on-coming train (Smith, 2011: 89). Despite the shocking nature of the case, detailed histories of childhood and murder show that such behaviour by children is not new or as exceptional as is often claimed (Loach, 2010). There were also other similar cases around the same time such as the Silje Redergard case in Norway in 1994, where three six year old boys asked five year old Silje to undress and then took it in turns to punch and kick her, beat her with stones and stomp on her body before leaving her to die of hypothermia in the snow (Green, 2010:7). In the Redergard case, none of the perpetrators were prosecuted as they were below the age of criminal responsibility (15 years old in Norway) and the case became solely a matter for welfare and psychological services and, in keeping with Norwegian law the press were required to keep confidential the names of the perpetrators and their families which can be starkly contrasted with the events following the Bulger case (Green, 2010:8). Robert Thompson and Jon

Venables were tried for murder in an adult crown court and Eileen Vizard provided expert testimony (Morrison, 1997). A catalogue of errors were noted across the case, from issues concerning the trial of the boys as adults (EHCR, 1999, HMCS, 2000, UNCRC, 2000) and the trial judge's decision regarding removing the boys right to anonymity in line with public and press demand (Gillan, 1999) which has lead to considerable (and on-going) public cost in providing the perpetrators with new identities and police protection, particularly in the case of Jon Venables who re-offended on child pornography charges and was re-called to prison via his life licence in 2010 (Omand review, 2010:4).

### Appendix III

#### DSM-IV-TR Diagnostic Criteria for Antisocial Personality Disorder

The Diagnostic and Statistical Manual of Mental Disorders (APA, 2000:701) fourth edition (DSM-IV-TR) currently defines ASPD (in Axis II Cluster B) as:

A) There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three or more of the following:

1. failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest;
2. deception, as indicated by repeatedly lying, use of aliases, or conning others for personal profit or pleasure;
3. impulsivity or failure to plan ahead;
4. irritability and aggressiveness, as indicated by repeated physical fights or assaults;
5. reckless disregard for safety of self or others;
6. consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations;

7. lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another;

B) The individual is at least age 18 years.

C) There is evidence of conduct disorder with onset before age 15 years.

D) The occurrence of antisocial behavior is not exclusively during the course of schizophrenia or a manic episode.

## Appendix IV

### The PCL-R Items

Each item is scored as either: 0 = not present; 1 = possibly present or 2 = definitely present. In order for an item to be scored as present there should be evidence throughout the lifetime of the individual and across several domains of functioning. This necessary factor brings significant issue with the youth version (Malatesti & McMillan, 2010).

Assessment relies on the triangulation of evidence in order to effectively assess the interpersonal features represented in factors 1 and 2. Once scored on each item, those scores are summed.

An individual's score is then compared to those obtained in a normative sample, and scores are reported on that basis. Hare suggests that scores over 30 indicate psychopathy. However, debates continue regarding whether a dichotomous or dimensional approach should be taken to PCL-R scores (e.g. Hare 1998; Weaver et al, 2006).

For further information see Hare, R.D., Clarke, D. A., Grann, M. & Thornton, D. (2000) Psychopathy and the Predictive Validity of the PCL-R: An International Perspective. *Behavioral Sciences and the Law*, 18, 623-645.

Item	Factor	Facet	Item
1	1	1	Glibness/Superficial charm
2	1	2	Grandiose Sense of self worth
3	2	3	Need for stimulation/Proneness to boredom
4	1	1	Pathological lying
5	1	1	Conning/Manipulative
6	1	2	Lack of remorse or guilt
7	1	2	Shallow Affect
8	1	2	Callous/Lack of empathy
9	2	3	Parasitic Lifestyle
10	2	4	Poor behavioural controls

11	-	-	Promiscuous sexual behaviour
12	2	4	Early behavioural problems
13	2	3	Lack of realistic, long term goals
14	2	3	Impulsivity
15	2	3	Irresponsibility
16	1	2	Failure to accept responsibility for own actions
17	-	-	Many short term marital relationships
18	2	4	Juvenile delinquency
19	2	4	Revocation of conditional release
20	-	4	Criminal versatility



## Appendix V

### DSPD Criteria

To meet the DSPD criteria men must be assessed as:

1. Being more likely than not to commit an offence that might be expected to lead to serious physical or psychological harm, from which the victim would find it difficult or impossible to recover.
2. Having a severe personality disorder, as determined by one of the following:
  - i) A high psychopathy score, as measured by the PCL-R (indicated by a score of more than 30)
  - ii) A PCL-R score of 25 or more, plus at least one personality disorder (excluding antisocial), according to ICD-10 or DSM-IV criteria.
  - iii) Two or more personality disorders (including antisocial), according to ICD-10 or DSM-IV criteria.

3. Having a link between their personality disorder and previous offence(s) and/or offence-like behaviour in prison/hospital.

4. There must be a functional link established between their dangerous offending behaviour and their clinical diagnosis of personality disorder and/or psychopathy.

Appendix VI



**ETHICS COMMITTEE**

**PARTICIPANT RECRUITMENT LETTER**

Dawn Clark

Department of  
Psychology

Roehampton University

Whitelands College

Holybourne Avenue

London

SW15 4JD

[clarkd12@roehampton.ac.uk](mailto:clarkd12@roehampton.ac.uk)

Contact number

Date: to be added

Dear \_\_\_\_\_,

I am writing to you to request your time to participate in a doctorate level research project. I am a student at the University of Roehampton, London and I would very much welcome the chance to come and interview you at your convenience.

I have set out the project below and I have provided both details of the study topic and information about the research and interviews and I have enclosed a copy of the consent form you would be expected to sign on the day of the actual interview.

**Title of Project**

A critical discourse analytic study of practitioner understandings of Emerging Severe Personality Disorder (ESPD) in childhood

**Brief description of study**

Participants will be interviewed in a semi-structured format about ESPD in childhood. Interviews will take no more than 90 minutes. Interviews will be recorded using a digital voice recorder. They will be transcribed on a PC and analysed using Discourse Analysis. All participants will remain anonymous and all identifying material will be edited out of the recording and transcript. All data will be collected, handled and stored in line with BPS ethical guidelines for human research.

Please do not hesitate to contact me directly should you want any other information before committing to an actual interview or to make arrangements to meet for an interview. I have also added my Director of Studies contact details below for your convenience.

I look forward to hearing from you.

Yours Sincerely,

Dawn Clark

**Director of Studies Contact Details:**

Dr. Janek Dubowski  
Department of  
Psychology

Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD

[j.dubowski@roehampton.ac.uk](mailto:j.dubowski@roehampton.ac.uk)

## Appendix VII



### **ETHICS COMMITTEE PARTICIPANT CONSENT FORM**

#### **Working Title of Project**

Practitioner understandings of Emerging Severe Personality Disorder (ESPD) in childhood

#### **Brief description of study**

Participants will be interviewed in a semi-structured format about ESPD in childhood. Interviews will take no more than 90 minutes. Interviews will be recorded using a digital voice recorder. They will be transcribed on a PC and analysed using Discourse Analysis. All participants will remain anonymous and all identifying material will be edited out of the recording and transcript. All data will be collected, handled and stored in line with BPS ethical guidelines for human research.

#### **Investigator Contact Details:**

Dawn Clark

[clarkd12@roehampton.  
ac.uk](mailto:clarkd12@roehampton.ac.uk)

**Consent Statement:**

- I agree to take part in this research and I am aware that I am free to withdraw at any point. I can do this by contacting the investigator who will remove all data pertaining to me from the study.
- I understand that the information I provide will be treated in confidence by the investigator and that my identity will be protected in the publication of any findings.
- I have been made fully aware that should I disclose information about possible harm to myself or others, that there are limits to confidentiality and I have been made fully aware that in this circumstance the researcher would alert their supervisors and Director of studies and the relevant support and or authorities. I understand this is a normal policy in psychology research to safeguard myself and others.

Name .....

Signature .....

Date .....

Please note: You will be verbally briefed and debriefed at participation stage. However, if you have a concern about any aspect of your participation or any other queries please raise this with the investigator. You may also wish to contact the researchers Director of Studies as the researcher is a student. However, should you wish to speak to an independent party, unconnected to the research, or would like support following participation Head of Department details are supplied below for your convenience.

**Director of Studies Contact Details:**

Dr. Janek Dubowski  
Department of  
Psychology  
Roehampton University

Whitelands College  
Holybourne Avenue  
London  
SW15 4JD

[j.dubowski@roehampton.ac.uk](mailto:j.dubowski@roehampton.ac.uk)

**Head of Department Contact Details:**

Dr. Diane Bray  
Department of  
Psychology  
Roehampton University  
Whitelands College  
Holybourne Avenue  
London  
SW15 4JD

[D.Bray@roehampton.ac.uk](mailto:D.Bray@roehampton.ac.uk)



## **Transcription Conventions**

These transcription conventions are adapted from Gail Jefferson (see Atkinson & Heritage, 1984: ix-xvi).

### **Symbols used Indicate:**

° °	Encloses speech that is quieter than the surrounding talk
(1)	Pause length in seconds. If presented as
(.)	Pause is too short to measure
-	Word broken off
↑	Rising intonation
↓	Lowering intonation
CAPITAL	Talk that is louder than the surrounding talk
Underline	emphasis
> <	Encloses speeded-up talk
.hhh	In-breath
hhh	Out-breath
[ ]	Overlapping speech
( )	Encloses words the transcriber is unsure about.
{ }	Refers to tone or gesture, e.g. {laughs}
:::	Extended sound

## **Appendix IX: Sample transcript**

**Int:** Okay (.) the labelling of children and young people with personality disorders, or emerging personality disorders is often considered controversial by clinicians and therapists and I wondered how you feel about that?

**Par:** I would agree it is controversial, I think the problem when you (1) I think one, personality disorder, to infer somebody's got a disordered personality, I think in its self is quite damaging for a young person and I think once they've got a label like that attached to their (.) to their name, I mean it kind of has a lot of negative impact for the young person themselves. I also think there's often very strong branded terms that come alongside personality disorder the word manipulative gets used all the time /erm/

callous, that they're /erm/ (.) so you see the person very differently when the term PD is kind of associated with it. So I think, well (.) with any label, I think it helps explain a cluster of symptoms if you will but it also has a lot of damaging effects because of (.) /erm/ the label itself has caused a lot of problems for people in the past, I think, so I don't particularly think it's helpful (1) not only that I think it has a lot of impact in terms of excluding from services. I've known when I've worked in Adult with people who've got a label of personality disorder and you are trying to engage them in different services in the community or you're trying to engage them in different treatments /erm/ many, many, many services have on their exclusion criteria personality disorder because they see it as /erm/ too complex or it's too difficult to treat or (.) so it's very excluding for a lot of people in terms of the label

**Int:** absolutely, and I mean you brought up treatment, obviously having worked at [...]

**Par:** Mmmm

**Int:** and working with (.) /erm/ did you work with DSPD?

**Par:** No, I worked in the mental health unit but obviously if people had a diagnosis of mental health and various different personality disorders, sort of labels they'd been attached to along the way

**Int:** Well, this label that has been proposed of Emerging Severe Personality Disorder, how do you feel about that one?

**Par:** (.hhh) I think it's just a very, very worrying one. The terms before (1) Dangerous and Severe Personality Disorder (.) the term, you find it very much in the media and it causes kind of panic, so how, is that (.) you know, in terms of how a child (.) how a child perceives that label themselves? but also how others will perceive that child? and they will see them in a very different way rather than the child themselves and what's (.) what's happened for the child in order to get to that point? Therefore what are the needs of the child? The label kind of takes over doesn't it? I would say so

**Int:** Precisely

**Par:** (.hhh) worrying (1) and I don't particularly like it in adults, you know, so I think, in young people it's even more concerning. A lot of their personalities are still yet to develop and there's a lot of development - and there's a lot of ways - you know there's huge amounts of young people that will offend in their youth and then go on to, to, you know, the offending kind of diminishes and they go on to have, kind of, relatively normal happy

lives so how can you put a label on child like that and (.) and kind of restrict many things and access to many different things, um and y'know what I mean?

**Int:** Yes

**Par:** and it's kind of worrying, I mean how do you know? Cause it is worrying, there is a few of the young children who offend and do go on to have life-long problems and life-long offending even, I think determining that from a young age is kind of setting the scene for what's going to happen in the future, and that's(.) that's not always true. You can't always predict what's going to happen to these young people.

**Int:** it sounds like it has a predictive value?

**Par:** ↑Yes, yes, yes

**Int:** predictive?

**Par:** ↑Yeah, Yeah

**Int:** I guess in secure units working therapeutically

**Par:** [=Yeah?]

**Int:** what would that label say to you, or to other clinician's?

**Par:** I just don't see the benefit of it at all. We have, you know, I think about (.) I use attachment theory a lot, I mean that's a lot of my work is kind of hitched on the theory of attachment and many, many, well probably all of the children we see have had very disruptive, very difficult early lives and so, that first three years of life /erm/ when your brain is developed, you know and they've had a lot of developmental trauma, that's what I see as having the impact on the difficulties that they're - that we see every day

with the young people that we work with and there's lots and lots and lots of evidence that shows, yes, it's very difficult for children who have been kind of subject to developmental trauma in their early years to make improvements in their early attachments but we know that it can happen and we know that these children can improve. There's brain studies that actually show that their brains can, the connections can be re-made, but, that haven't connected in the young child, when they were growing naught to three, so we can see that there are improvements that can be made, but in terms of putting a label like that on - I think it's really damaging and I know when you see them, and when children are put into an environment like this [secure unit] where they're cared for, nurtured, loved, they're (.) they're kept secure, they are given boundaries we can see the huge amounts of progress that's made when, if you read on a piece of paper how much of a risk they are in the community and how much damage they've done and all this different kind of stuff, you might need to put a label on their difficulties, but it doesn't make a difference when they come in here and we see how much they improve so I don't see how a label like that would kind of help really. It doesn't make sense.

**Int:** So, what really came across strongly there was the importance of the relationship, to what you do therapeutically

**Par:** Uh-huh

**Int:** That the relationship appears to be the therapeutic factor

**Par:** Oh yeah (.) yep, yep

**Int:** and I was just thinking(.) how do you think referring to ESPD would affect the work that you do?

**Par:** Well, it's different when you're a therapist because like you do see (1) you know you read the notes you see all these kind of things, particularly in adult forensic because there's lots of labels bandished around and used to try and describe somebody's pattern of behaviour so you get(.) you read a file and you see the behaviours which are always very risky and you see different labels associated with them and then you meet the actual person and they're just a person underneath it all and you are trying to work with the person through the therapeutic relationship and the relationship is key, like you said, so I think therapeutically, it's the same with any other label you're working with the person beyond the label, so I think Emerging Severe (.) Dangerous Severe Personality has negative connotations immediately as soon as you read it but once you meet the person, you do get beyond (.) you will get beyond that, like you do get beyond any other label really in terms of /erm/ (.) but, then it's how others perceive it for me – people who maybe don't work therapeutically, who (.) who might make judgements about that person who might feel extremely anxious about working with somebody with dangerous or severe personality disorder who may, y'know? its other services, who, y'know (1) we have different panic reactions from lots of different people in terms of the label its self so I think it's more how other people would respond to it rather than (1) I think therapeutically it wouldn't have much of an impact on me, I don't think,

well, /erm/ I just don't think I would like it, the effect. I don't think it would be effective for the child and I don't see what benefit it would be

**Int:** A minute ago you mentioned the media, and obviously we are talking here about cases of young people causing serious cases of interpersonal violence and I just wondered what you thought might have contributed to these proposals?

**Par:** Yeah, well I think there's lots in the media about when people - when they are released into the community and they re-offend, so there's a lot about that sense of 'they've let them out too early and it's all that sort of 'it's the services fault' and all that kind of thing and therefore there's often some kind of idea about how can we detain this young person or people longer than (.) /erm/ you know, in order to reduce the fear politically about particularly high profile cases that come to light and that get kind of branded in the press, so you see that a lot in adult under Dangerous Severe Personality Disorder where it's been sort of quite political and high profile, then they are seen not to want to release that person based on not wanting to be seen to be the people that have released them, rather than it being based on the person's risk. That's the worry (.) it should always be based on risk rather than on political reasons and not wanting to be seen as the person that's released them. So it's, I think in terms of young offenders, it's the same thing. You get the odd very high profile young offender that comes to light and erm, people don't like the idea of releasing them, so, that may be part of it I don't know

**Int:** And how does the media affect you, working with these children?

**Par:** /erm/

**Int:** Well, reading between the lines -

**Par:** [=Yeah]

**Int:** you think ESPD could be used as some form of excuse? /erm/ if a young person did re-offend 'Well they had this, there was nothing we could do with them'?

**Par:** Yeah, well, yeah. That's possibly an issue isn't it? Yeah, an excuse in terms of services you mean?

**Int:** Mmm

**Par:** In terms of saying we could not deal with them because they've got that. Mmmm, yeah, mmmm, that's probably a point. I think as well, in terms of the media, you just get so cross, because people just don't understand, they don't know what's going on behind - (.) they just see the behaviour and what they have done, so I'll just be like throwing my pen at the TV or something, I get quite cross. It just infuriates me because of the lack of awareness and understanding but not just (.) It's, it's not so much what's reported but, well that gets me cross, but its more, kind of politically the reaction to it, to things like that. I'm a huge believer in early intervention and early attachment and all the kind of - that's where most of the resources need to go in terms of helping these young people at an early age and you can see it developing and you can see the difficulties, but unless people, politicians start thinking about the long term implications of (.) of putting more in place in the early years, then this is going to be (1) this is going to become more of an issue. I just feel like sometimes we deal with -



we criminalise too early, too quickly and don't see the difficulties these young people have as a social problem. That's what we need to be doing more and I guess with that will come the media thinking about it in a different way, because it's both politically and the media that criminalise these young people and so, until something changes politically I don't think the media will follow so (.)

**Int:** Absolutely, and I just wondered along with that, as you were sort of saying, with the early intervention, many of the children in that ESPD study had been incredibly let down in their formative years

**Par:** [=Mmmm]

**Int:** I just wondered what you thought about that

**Par:** I agree, the difficulty is it's kind of, you know, the developmental trauma that in every, single (.) well, I'm sure there's exceptions, but you know as soon as you meet them, with every offender I have ever worked with, you can see the trauma they've experienced from a young age in various different ways and it's not just a class thing, it's across cultures, its across – (.) You know that these people have had tough lives and not had the best opportunities, so you know part of our role is about how can you give these young people the best opportunities to try and change some of that to make a difference? And we do have many success stories so we know that it can work and things can change but obviously the greater the trauma and the more difficult the experience of the child then the greater the difficulty to do that so, I think labelling them with a sort of Dangerous and Severe Personality Disorder label has a huge impact on that person when they've

experienced such difficulties. But I do understand on the other hand /erm/ the concerns about risk because we do have some young people in here, who because of their early experiences of life, you know, I would argue, because of the developmental trauma they have experienced, their brains haven't developed in the way that a secure child has developed so in terms of their ability to empathise, their ability to show remorse, their brain hasn't connected in that way for them to be able to do that. So, I do understand that a lot of the young people we see are very risky and therefore we have concerns when its coming to release and things like that, when its coming up to release them into the community, and whether, you know, if that young person is, you know, safe enough to do that. So I think it's how we manage that and I think there has to be ways to help /erm/ with different orders to protect the public but also to protect that young person from kind of a life sentence or whatever, so there is a kind of seeing the individual but there's also the managing the risk, and we do have to do that, does that make sense?

**Int:** Yes

**Par:** So a lot of (.) some of the young people that we see /erm/ are extremely (.) If they're on a sentence where they're gonna be released and are still extremely high risk and there are a lot of mental health issues / erm/ we might look at kind of getting them sectioned if we are concerned about their high level of risk but also their risk to themselves and all the mental health reasons and if we don't think they are safe in the community /erm/ and that and I guess that's where the anxiety about this label is coming

from, its like what do we do with these young people? But, my worry is, why do you need to stick a label like that on these young people when they have clearly got mental health problems and they've got - do you know what I mean?

**Int:** yes

**Par:** You know, what's the problem with what works now? You know, I guess my question is (.) we, we seem to deal with them okay now, they end up in a mental health facility for a while, while they can help reduce their risk and also address their mental health needs and they have regular tribunals and they get released when their risk is lowered and they are safe enough to be released so I don't understand why a label like that would have to, would have to come into play really and one that sticks with them for life, I mean how do we decide when dangerous and severe personality disorder is no longer dangerous and severe?

**Int:** Or when it's emerged?

**Par:**

Yep

**Int:** Or doesn't emerge?

**Par:** Or when it's emerging? You know we've got a child in here now, who initially we had a lot of concerns about regarding his lack of ability to empathise, his lack of remorse, he really struggled to relay anything emotionally and it's taken a long, long, long time and very, very, drip, drip, drip, and we are just starting to see little bits, and it is little bits, but this a

child who, six months ago, you might have given that label ESPD or emerging psychopath or all the horrible terms that you could think about, but actually now you'd probably see him and think very differently so, you know it's very dangerous. I think, looking at a child and the risk that they are at the time when they are in a violent (.) when they've come from an environment that's very chaotic that's very (.) you know, there's not a lot around them in terms of structure and boundaries and nothing to protect them and look after them, to six months down the line when they've had a lot of that, then things can change quite quickly, then I guess when do you decide to put that label on them? Because my experience of when people have been diagnosed with personality disorder it's been kind of two, three separate session assessments based on where they are now and the historical factors and, and then it's decided. So, when does that, when you've got that label, when does that change? When does that label (.) cause it doesn't does it? It stays with them and so for young people who've had extremely chaotic lives, you need to try them in lots of different contexts and you'll find (1) it's about protecting them and about giving them the best chance in order for things to improve, and for them to make the connections they haven't made when they were younger, because they weren't able to, because they didn't have the opportunities, so, does that kind of make sense?

**Int:** It makes perfect sense and you know again, it's back to relationships, something that you know 'Callous-Unemotional' 'High-Risk/High-Harm' all of these kind of -

**Par:** [=Narcisicistic]

**Int:** Narcisicistic

**Par:** Mmmm

**Int:** if you see 'Callous-Unemotional' hasn't got any empathy, well then they can't basically do relationships

**Par:** Yeah, Yeah

**Int:** and what you were saying they are not held

**Par:** they are not contained

**Int:** but one of the things you were saying there you know 'why do we need this?' one of the, one of the things that was said was that we need this for management and identification of these young people but it sounds to me like you already know who they are?

**Par:** Yeah, Yeah

**Int:** and you are already managing them

**Par:** Yeah, why do we have to stick a label on it again? Which is the question isn't it? And I think it's, that it's, often I think when legislation becomes an issue because why can't you say 'these are the kind of behaviours, these are the emotions, this is the mental health, why can't you do a holistic kind of assessment and say because of that this young person is extremely high risk and we don't feel at the moment we've done enough to reduce that risk because of du, duh, duh, duh, duh, duh, duh? and this is what they therefore need in order to continue to reduce the risk? That's what we do now, why not continue to do this? Why does there have to be a label put on that person in order to (1) and you know its legislation isn't it? That's kind

of what's maybe pushing for this in order to (.) like it is in adult and I just don't understand, there's too much change with a young person's life, there's too many factors that influence at that age that you can't (.) you can't predict (.) you can't stick a label on it. It's not static, it's relational and these young people, it's amazing what changes they can make when they are given a different environment, a different kind of nurture, different kind of relationships that they've never had, you can't, you can't say that that's it, a label like that is lifelong and it's not something that's seen as though it can change, so it's (.) I (.) It's very worrying people are thinking like that you know, even if, like I said, if you can take a more holistic approach and pull all the factors together about why they are a risk, because that's all they are worrying about isn't it? It's all about risk, and yes, I would agree some young people are. I would say 'I don't want that young person on the streets tomorrow they are not safe, they're not, they're too high risk based on the amount of trauma they've experienced or the amount of, /erm/, their inability to regulate their emotions or their /erm/, their need to kind of fulfil, /erm/, adrenalin-type kind of things, their relational problems, their family issues, their lack of support in the community all the different, millions of different factors, substance-misuse issues' all of those kind of things (1) Why can't you use that type of holistic approach to say because of these they are a risk and then you can manage the risks independently, you can look at them and say 'Well, this seems to be improving, duh, duh, duh' whereas Personality Disorder is more concrete you are saying, because of all the terms, 'un-treatability' all

those kind of connotations come with that and at the moment that's not going to change and hasn't changed for a long, long time and so if you're sticking that on a young person, who's very changeable and manageable and can be moulded at this stage it's just (.) horrendous

**Int:** and what I notice there you kept making a link there each time with 'what has happened to this child?' and it must be mentioned every time in context with that child

**Par:** ↑Yes! Yes! Yes!

**Int:** and Emerging Severe Personality Disorder doesn't tell us anything about what that child has experienced themselves, no matter what they've done

**Par:** ↓ No, No

**Int:** you know, you don't put a child into a secure unit, just for

**Par:** [=it's last]

**Int:** It's a last, last resort so we know the cases we are talking about, so it's not sort of 'bleeding heart' labelling sort of stuff?

**Par:** {Shakes head}

**Int:** but what really stood out and has stood out in everything you've been saying, is this need to keep mentioning, you know, this is what's gone before and I was just wondering if, you know the label sort of (.) takes that child's behaviour out of context for you?

**Par:** Yeah, completely

**Int:** and I was just wondering how that would help to understand them better?

**Par:** well it doesn't does it, it makes it sometimes worse because at least, I felt, not long ago, they had the /erm/ 'Doncaster Boy's'

**Int:** In Edlington?

**Par:** Yes

**Int:** Yes

**Par:** and I read a couple of newspaper articles and /erm/ I felt, and there was lots of negative stuff as there so often is politically, but I also felt, comparing it to the Bulger case (.) who were (.) these were 'evil boys' was the front page and they were born evil and duh, duh, duh, duh and I felt, with the Edlington boys, there was a slight shift, they were saying they were from a very, very (1) it acknowledged that they were from a very, very difficult background, their parents had loads of issues, and I think 'toxic upbringing' was a term that was used, but I felt that for a start people were starting to see that these weren't evil born individuals that from aged 10 should be locked up for life, that they were saying these are very(.) you know they've had a very difficult time of it and so that's taken how many years since the Bulger Case, for even a slight shift to see that these young people don't just behave this way in isolation, its due to many, many different factors. I'm not excusing their behaviour but it's about understanding what on earth has happened in these children's early life for them to be so damaged to do the kind of damage that they do to others and that's the same as every young person we see here, so if, and it is about understanding, it's(.) its seeing it as a social problem, not, that, this isn't a problem that they are born this way and that, you know we're born to socialise and that's what human beings are, we need that appropriate care and socialisation in order for our brains to develop and that's why we are



born so early, all the kind of early attachment stuff and so we need (1) and it's about getting people to understand that and understand why young people who've been severely kind of abused aren't able to empathise and aren't able, because it's never been developed. They've never had that development and that label takes all that understanding away and it's taken, gosh, god knows how long to get people to start thinking about that and a lot of politician's are thinking about early intervention and looking at the impact, like the Graham Allen report, it's fantastic, it's looking at, y'know, why early intervention is so key and by getting it in early and helping protect these kid's at a young age, the amount of, damage limitation is huge! Financially as well, because that's obviously the political (1)

**Int:** Of course, economics, yes

**Par:** because if you think, if you stop a child, if you protect a child at naught to three age from the abuse that they're (1) you know, they can make a lot more significant repair than the ones we see all the time that have kind of not had the protection that they needed. They've been emotionally abused, if not physically, sexually and neglected for significant amounts of time, so their (.) The developmental trauma they've experienced is so prolific that they experience extremely high-risk behaviours (1) which is what we see and so, the kind of amount of money that costs,/erm/ in terms of keeping them in secure units, school exclusions, paying for placements, looked after children, all the things that cost so much money and it just makes sense, so that's how we need to view these young people, that's how we

need to see it as a society and that we need to help, support and see it as a social and emotional problem rather than giving them a label that rather has connotations about risk. You see the label, the behaviour and the risk, that's all you see, rather than the full whole picture.

**Int:** You know talking about the Edlington case, I was just wondering how would the ESPD label, and these young boys would fit the criteria for it, how would that have prevented anything?

**Par:** Mmmm

**Int:** Because they are already linked in?

**Par:** Mmm, yes, well I guess it's the same with anything though, its like are they wanting to use the label to take them off the streets quicker in terms of going down the mental health facilities, I don't know what they're thinking is behind it as to whether (2)

**Int:** its not clear?

**Par:** it's not clear, it, its (.) Oh, I don't think that would happen a great deal more because it all comes down to money a lot of the time and that's awful but a lot of the young people that's out there that are huge risks that don't get section 25's because of the huge amount of money it costs the local authority to keep a child in local authority so, in /erm/ different facilities, mental health facilities or all these different facilities, so I don't know in terms of politically what the, what difference it would have made? I don't know (.) I don't know. It depends on what the thinking behind it is, whether it's something that they /erm/ I don't know

**Int:** The proposal is not really clear (1) and although I want to ask you loads of questions, I know you have got to get on

**Par:** {laughs} Yeah

**Int:** so the last thing I sort of wanted to ask you was have you ever worked with a child that you sort of think may have met the criteria for this sort of label

**Par:** {Loud sigh}

**Int:** or would you not even -

**Par:** Yeah, well I've no real idea what the criteria really would be, I mean I've met, a lot, lot, lot of young people who would come under sort of personality labels, Personality Disorder labels, i.e. Borderline Personality Disorder, Anti-Social Personality Disorder, Schizoid Personality Disorder, you can give every child you ever see one of the labels that determines(.) you know, but again it's how you see it, and I don't see it in that way, and there's a great article by Olans and Levy and they talk about (.) they're American, so they kind of talk very much about how you know early attachment history and anti-social personality disorder is becoming huge, bigger and bigger because of the way communities have broken up and the way families breakdown and all the different difficulties in early attachments and things like that, so (sigh) I don't know what the criteria for the Dangerous Personality Disorders is and whether that links in with psychopathy and the hare psychopathy scale

**Int:** There's a youth version

**Par:** Yeah

**Int:** which doesn't fit the construct properly

**Par:** yeah

**Int:** So there's an issue there? Psychopathy is an adult construct, but that's how they are-

**Par:** they are diagnosing through the-

**Int:** Psychopathy checklist youth version

**Par:** Yeah, right, and again (.) yeah (.) and I think it's worrying and I think it has happened here, that they were either concerned about one young man who was a huge, huge, huge, risk and they were wondering about whether (1) and I think that's the only person that they've ever had here that they thought would meet the criteria and so use the psychopathy checklist

**Int:** Really? Only one?

**Par:** Only one (.) only one

**Int:** Really? That's very interesting

**Par:** He was the only one, the only one and again, if you see the trauma in the kids we see here who've experienced horrific traumas in their lives (.) This young man had experienced horrific maternal abuse and the mother had committed a lot of offences with him and [.....] (1) Horrific, horrific stories (1) so in terms of his ability to empathise and that kind of thing, again it becomes an issue of 'We're worried about this young person, how can we protect the public and also keep him protected as well?' because we knew that by leaving him, he'd go out and commit another offense, something quite severe(.) So it's about, I think, legislation needs to kind of help the process in protecting, you know there are some people who we feel are too risky to leave when they are here in the centre, it's different for

welfare, because that gets reviewed and the court can decide whether they keep them here longer. The issue, I guess, is for the young people who are on a determinate sentence, /erm/ who're given a length of time here and then they leave and there's huge, huge, huge risks and I guess that's where this is coming from in terms of what do we do with these young people and I guess I'm not disputing that that is an issue, because it is an issue /erm/ and I certainly wouldn't want him living in my street based on the huge number of risks he had, but that was taken away, what needed to be thought about was the amount of trauma this young boy had experienced from birth, horrific, horrific, horrific abuse and so it's how do we as society protect the public from, y'know somebody who's such high risk? So yes, I don't think he was ready to leave when he did, so how do we do that? How do we manage that in a safe way without (1) I wouldn't use a label like this or legislation like that to do that, but I guess it's how else you do you it? and we seem to be finding ways at the moment that fit under mental health but I think, you know, I guess, that's the political drive, you know thinking how do we do this? And how is it when they do, you know if you were to go down the mental health route again for me, for the young person, how do you take that label away to then say, he needs to show he's reduced his risk and he's safe and I think that has to be paramount doesn't it?

**Int:** Yes

**Par:** That's very important, isn't it?

**Int:** Yes, absolutely

**Par:** So it's important to look at all the different factors and then reduce them and see them as dynamic and yes there are static factors that are kind of historical and can't change but there's things that can change. Severe Personality Disorder is a very, very difficult label to kind of show you've reduced your risk for it, and that kind of thing so, I guess that's the real issue really (.) and although I can understand the context that its coming from to some extent and it is a concern /erm/ and the same when I worked at [.....] and we had people who were coming to the end of their prison sentence and then they were shipped off to [ High Security Hospital] on the last day, because they were deemed such a high risk, so for the actual person it was horrendous because they thought they were getting out and then they were kind of put under a different section, for something or other, but I also think we have a duty to protect the public and when people are ridiculously high risk we have to put some things in place, but it's the label, how you manage that? you don't? I don't see why you have to put a label on it. Why can't you just have a number of high risk factors that are not yet reduced? Why does it have to be labelled?

**Int:** Absolutely (.) I've got one more question

**Par:** Yeah, yeah,

**Int:** because it sort of leads from that, but as you are talking about these young people it becomes very clear, just like in the study they are of a certain class and I'm just wondering what you think of that?

**Par:** Mmmm,

**Int:** The young people with Emerging Severe Personality Disorder?

**Par:** Well for me, it's all kind of, well, you know, I think in terms of developmental trauma kind of perspective so for me it's what happened in the early years and so unfortunately class plays an issue because these are the most (1) / erm/ they are given so many fewer opportunities. So these are often young people that are from very deprived backgrounds, parents were unable to parent, weren't parented themselves, so they were unable to parent appropriately, they don't know how to do it. A lot of them come from, kind of very (.) you know some of them are in huge poverty, so these young people are getting to nursery age and having absolutely no (.) they are not even able to play with other children, they don't know how to do it, they don't know, they get excluded from school quite quickly, they don't know how to relate to peers their own age, they often have learning needs because they've never been able. You know, there is so many different issues and it's about opportunities and unfortunately it does become an unequal society, doesn't it? That a lot of these young people have a lot less opportunities than others and I think that's part of the reason why unfortunately there's a lot of class issues. I wouldn't say it's just a class issue because we have middle-class young people that have had abusive backgrounds for lots of different reasons and who also are deemed kind of high risk but, very rare. You know it's very rare that you see that, it's often from very chaotic, very deprived early backgrounds really. It's sad.

**Int:** If you had a chance to talk to the proposers of ESPD label as someone working with these children, what would you say?

**Par:** Well, I guess like I've said really, I'd want to question why do they have to have that label? What's the purpose of that label? Why does a child that's risky have to have a label like that? I'd like to know why they are using psychopathy checklists in order to diagnose this? And also how they are measuring it and also how it's decided when those risks are reduced and how do we decide at tribunals when to release them? So I'd want to know the process a little bit more

{ sound of unit doors banging and interrupted by the Consultant

Psychiatrist]

**Par:** That's ok were just finished

**Int:** Thank you for that



## Appendix X

### The Case of the 'J' Children

A violent and sexually humiliating assault lasting over 90 minutes, involving torture which was filmed on a mobile phone and almost resulted in death of one of the victims was carried out by the 'J' children, two brothers aged 11 and 10 years old in 2009. The victims were two boys aged 11 and 9 years old who did not know their attackers. The brothers subsequently pleaded guilty to a charge of grievous bodily harm with intent at in 2009. ESPD proponent Eileen Vizard told the sentencing judge that the younger brother was a 'very high risk' to the community and was at risk of becoming 'a seriously disturbed psychopathic offender' unless he was properly treated. Vizard said he demonstrated 'callous, unemotional traits' and 'showed very little, hardly any empathy for his victims' (BBC, 2010)

A serious case review found in the two years leading up to the offence, the boys were involved with 31 services and there were 101 incidents recorded, many involving serious interpersonal violence caused and suffered by the children and one of the reasons cited for these failings was noted as lack of 'effective' or 'earlier' early intervention (Carlisle, 2012:50) despite considerable service involvement throughout the boys lives since birth.

The following agencies had contact with the family at various times over 14 years:

Action for Children

Children's Social Care Services

Bassetlaw Hospitals NHS Foundation Trust

CAMHS

Doncaster Youth Offending Service

ABC Plus Team

Families First

Family Intervention Project (FIP)

Youth Inclusion Support Service (YISS)

Education (Schools and Learner Engagement)

Doncaster Metropolitan Borough Council

Neighbourhoods and Communities Doncaster Metropolitan Borough Council

NHS Doncaster Primary Care Trust

South Yorkshire Police and Fire and Rescue Service

St Leger Homes (ALMO) Arms Length Management Organisation

Source: Carlisle (2012) Serious Case Review

## Appendix XI

### Interpretative Repertoires which could not be included

The repertoires which could not be included in the analysis are listed in order of dominance across the data set

<b>Interpretative Repertoires:</b>
ESPD Catch all term
ESPD Will be applied to too many children
ESPD Will become overused like Conduct Disorder
ESPD Social problem
ESPD Problem of poverty
ESPD Iatrogenic: Children take on the behaviours
ESPD Preventative Detention
ESPD Confused terminology 'pulled together'
ESPD Robert Thompson & Jon Venables/ J Children
ESPD Government lead
ESPD Preventative detention
ESPD means psychopath
ESPD Unhelpful
ESPD May help to target resources
ESPD The Proposers
ESPD The Conferences

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